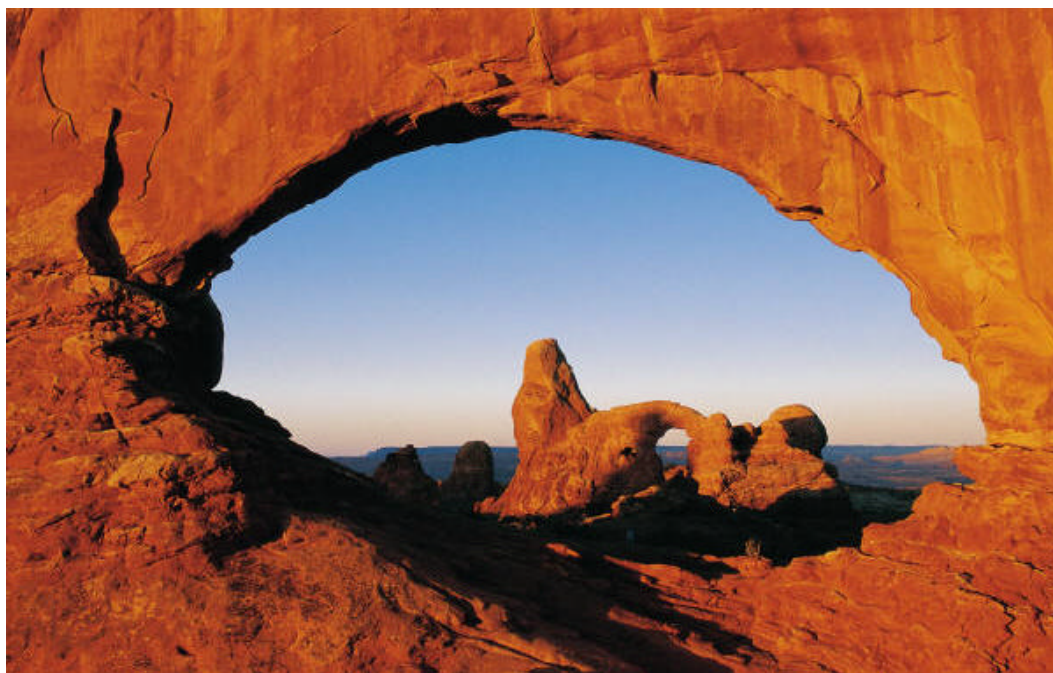




# Division of Substance Abuse and Mental Health

## 2003 Annual Report on Public Substance Abuse Services in Utah

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State of Utah

Department of  
Human Services

Division of  
Substance Abuse  
and Mental Health

*“Substance Abuse is a Preventable Behavior;  
Addiction is a Treatable Disease”*

# **Division of Substance Abuse and Mental Health**

## **2003 Annual Report**

Randall W. Bachman, M.Ed., Director  
Division of Substance Abuse  
and Mental Health  
Department of Human Services  
120 North 200 West, Suite 201  
Salt Lake City, UT 84103

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**State of Utah**

**Department of  
Human Services**

**OLENE S. WALKER**  
*Governor*

**GAYLE F. MCKEACHNIE**  
*Lieutenant Governor*

**ROBIN ARNOLD-WILLIAMS**  
*Executive Director*

**RANDALL W. BACHMAN**  
*Director*  
*Division of Substance Abuse and*  
*Mental Health*

ONE YEAR LATER

Dear Friends:

It's been a little over a year since the merger of the divisions of substance abuse and mental health. A lot has happened in the past year. There has been no reduction in the challenges, no let up in the workload, no lowering of expectations. For the most part, I believe we have not only met those challenges, but have made significant progress in moving the system ahead. I do not minimize the impact of such change and the price paid by those of us who are hanging on in times of trouble. Still, as Henry J. Kaiser, the founder of Kaiser Aluminum and one of the great industrialists of the early 20<sup>th</sup> Century stated: "Trouble is opportunity in work clothes."

At the risk of leaving some efforts unacknowledged, here is a partial list of accomplishments: in collaboration with advocates and other partners, the passage of significant revisions of the civil commitment statute; the award of a major grant to assist youth in transition into adulthood which fits in with our new Governor Walker's initiative in this area; the award of a grant to prevent drinking and drug use in college age students; the extension of the initiative to promote effective prevention programs through the SICA grants; a significant reduction in youth tobacco sales; the continued development of preferred practice guidelines in both mental health and substance abuse; the promotion of best practices in mental health through the support of Assertive Community Outreach and Treatment (ACOT)—Utah's version of the proven PACT model for the treatment of the severely mentally ill in the community; the opening of the new Rampton II building at the Utah State Hospital; a significant reduction in seclusion and restraint at USH, and the full implementation of the e-chart system at the hospital that has dramatically reduced medication errors; establishing the new Quality Assurance Unit that has worked diligently to re-vamp our governance and monitoring process to address some of the issues raised by the recent legislative audit; through the efforts of the Evaluation and Research Unit, a major improvement in the quality and timeliness of the data submitted to the state division by the local authority programs; improvements in the processing of contracts and in the timeliness of payments to the providers; a comprehensive survey of intensive community resources available to those with severe mental illness in concert with our efforts to comply with the requirements of the Olmstead Supreme court decision; the expansion of drug courts and other initiatives with the justice system.....and the list goes on. Sometimes in the day to day hassle of meeting all the challenges of this work we fail to see the bigger picture. And the bigger picture is that despite budget cuts, staff turnover, and internal and external pressures, we continue to make life easier for those we serve.

Again, I want to thank our dedicated board and staff and community providers for the work you do. Together we make a difference in the lives of those afflicted with mental health or substance abuse. And together, at the end of the day, we can all take pride in helping those that need our help breathe a little easier.

Sincerely,

A handwritten signature in cursive script that reads "Randall W. Bachman".

Randall W. Bachman, M.Ed.  
Director



**State of Utah**

**Department of  
Human Services**

**OLENE S. WALKER**  
*Governor*

**GAYLE F. MCKEACHNIE**  
*Lieutenant Governor*

**ROBIN ARNOLD-WILLIAMS**  
*Executive Director*

**RANDALL W. BACHMAN**  
*Director*  
*Division of Substance Abuse and*  
*Mental Health*

December 11, 2003

To the Citizens of Utah:

On behalf of the Utah State Board of Substance Abuse and Mental Health, it is my pleasure to present you with the 2003 Annual Report on Public Substance Abuse Services in Utah.

We extend our most sincere thanks to the thousands of dedicated professionals, volunteers and clients who have enabled Utah to continue to move forward with many exciting and innovative activities in the field of substance abuse. This has been a most challenging year, particularly with the increasing need for services and the limited funding. However, we have never lost sight of our primary mission to provide quality and accessible prevention and treatment services for those Utahns who struggle with chemical addiction or who are at risk of becoming addicted. This report highlights many of the efforts currently underway. We encourage you to read the report, to become familiar with what is happening in your own community, and to take an active role in helping us to make your community stronger and healthier.

A great deal of work has gone into the preparation of this report, and we hope you will find it valuable. If you have any comments or suggestions for future editions of the report, or for ways to improve our programs and services, please contact the Division. We welcome your comments and look forward to working with you to make future reports as informative and useful as possible. Thank you for your continued support of our efforts.

Respectfully,

UTAH BOARD OF SUBSTANCE ABUSE AND MENTAL HEALTH

A handwritten signature in black ink that reads "Nora B. Stephens".

Nora B Stephens, M.S.  
Chair

# THE STATE BOARD OF SUBSTANCE ABUSE AND MENTAL HEALTH



**NORA B STEPHENS, M.S., CHAIR**

Member, Davis Hospital Board of Trustees; Former Co-chair, Governor's Council on DUI; Member, State FACT Steering Committee; Former Member, Utah House of Representatives



**JAMES C. ASHWORTH, M.D., VICE-CHAIR**

Board Certified in Psychiatry and Child and Adolescent Psychiatry; Medical Director, Youth Programs, University of Utah Neuropsychiatric Institute; Assistant Clinical Professor, University of Utah; Member, American Psychiatric Association and American Academy of Child and Adolescent Psychiatry



**PAULA BELL**

Premier Banking Officer at Zions Bank; Board of Directors, American Heart Association; St. George Chamber of Commerce; Former Director, Brightway Substance Abuse Treatment Center; Member, Utah Air Travel Board



**MICHAEL CROOKSTON, M.D.**

Psychiatrist; Medical Director, LDS Hospital Dayspring; Assistant Clinical Professor of Psychiatry, University of Utah; Member, American Medical Association, American Academy of Addiction Psychiatry, and American Society of Addiction Medicine



**CARLEEN KURIP**

Member of the Ute Tribe, resides on the Uintah and Ouray Reservation; Present Position: Grants Administrator for the Diabetes Program Ute Indian Tribe, Fort Duchesne, Utah; Member of the Utah Indian Health Advisory Board; Chairperson for the Ute Indian Tribe Health Board



**JOLEEN MEREDITH**

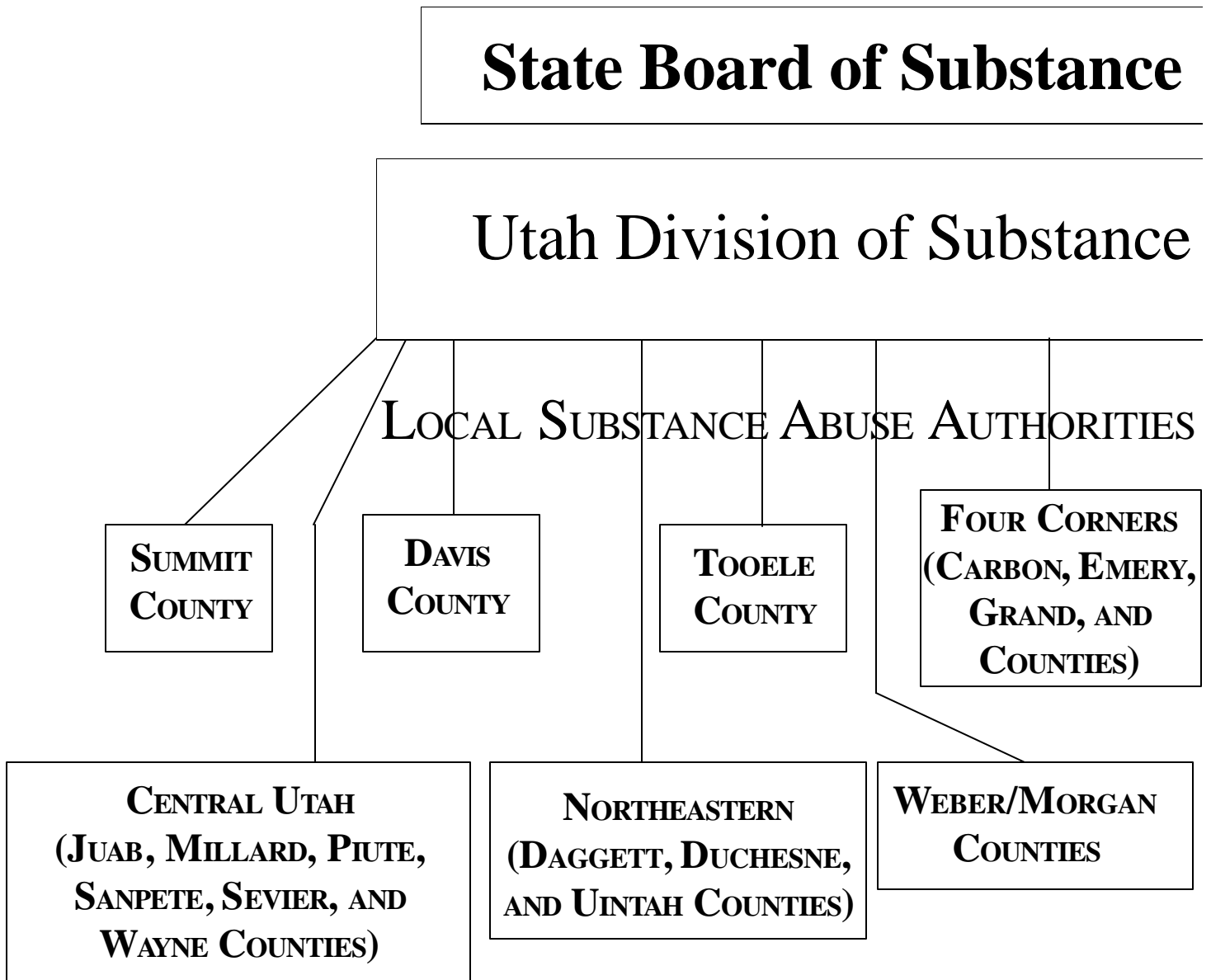
Thirty Year mental health advocate; Co-chair of a fund raising committee and former Board Member of Alliance House; Former chair of the Mental Health section of The Governor's Coalition for People with Disabilities; Legislative activist; mental health consumer



**DARRYL WAGNER, R.Ph.**

IHC Outpatient Pharmacy Coordinator; Member, American Pharmacy Association and Utah Pharmacy Association; Member, Utah Division of Occupational and Professional Licensing Pharmacy Diversion Board

# The Public Substance



In Utah, substance abuse services are provided by local county governments (Local Authorities), with administrative oversight and monitoring by the State Division of Substance Abuse and Mental Health under the policy direction of the State Board of Substance Abuse and Mental Health.

Local county governments are given the option, under state law, to operate substance abuse service programs as single county entities or to join together in



# Abuse System in Utah

## Abuse and Mental Health

## Abuse and Mental Health

### LOCAL SUBSTANCE ABUSE AUTHORITIES

**WASATCH  
COUNTY**

**BEAR RIVER  
(BOX ELDER, CACHE, AND  
RICH COUNTIES)**

**SAN JUAN  
COUNTY**

**SALT LAKE  
COUNTY**

**UTAH  
COUNTY**

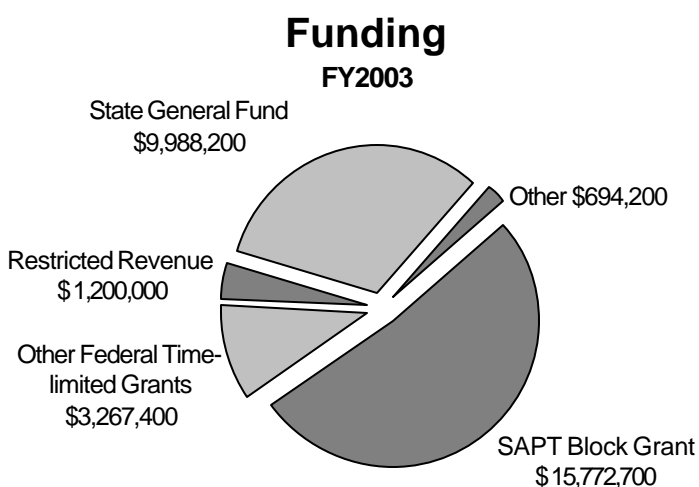
**SOUTHWEST  
(BEAVER, GARFIELD, IRON,  
KANE, AND WASHINGTON  
COUNTIES)**

multi-county organizations. Utah citizens are served by 13 Local Substance Abuse Authority districts operating a statewide system of care.

The Division of Substance Abuse and Mental Health also funds some treatment services at the Utah State Prison and the University of Utah Alcohol and Drug Abuse Clinic. These services are available on a statewide basis.

# Financial Report

Public substance abuse prevention and treatment services in Utah are funded by three main sources: state general funds, federal funds, and local county funds. The largest amount of federal funding comes from the Substance Abuse Prevention and Treatment (SAPT) Block Grant. Although not depicted here, counties are required by state law to use county revenues to match 20% of the state general funds that they receive for the purpose of delivering substance abuse services in their local areas. Approximately 97% of federal, state, and local funding is utilized for services, with less than 3% utilized for administration.

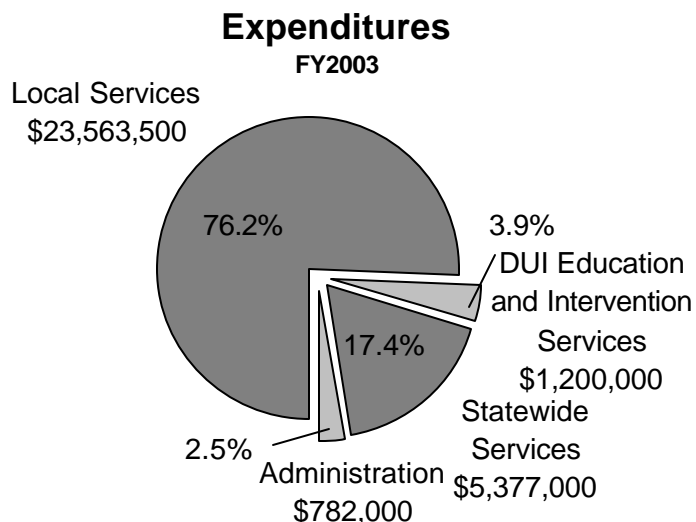


The funding supports the following programs:

**Local Services:** The State Division of Substance Abuse and Mental Health allocates about 76% of the money to the counties which serve as the Local Substance Abuse Authorities (LSAAs). The LSAAs provide prevention and treatment services to the geographical area they represent. LSAAs write an area plan describing the services they will provide each year. These plans must be compliant with state and federal requirements, including a full continuum of services for prevention and treatment. LSAAs design their services to fit the populations they serve. The Division provides needs assessment data for the LSAAs to determine how to best serve their counties.

**State Services:** While most prevention and treatment funding is passed through to the Local Substance Abuse Authorities, the Division retains some funds to provide substance abuse services through the Utah Department of Corrections and the University of Utah Alcohol and Drug Abuse Clinic. These services are available to all Utahns, regardless of geographic area.

**Administration:** The Division is responsible for administering the state and federal funds and to provide oversight and monitoring for compliance with regulations. The Division also monitors for Quality Assurance and Best Practice Standards and provides training and technical assistance to the LSAAs. Finally, the Division collects data on prevention and treatment and conducts research and evaluation activities.



**DUI Surcharge:** This program allocates funds from the State's Intoxicated Driver Rehabilitation Account to the counties on a population basis. This account receives 7.5% of the surcharges levied on persons convicted of a felony, class A, or class B misdemeanor. These funds support education and intervention services for individuals convicted of driving under the influence of alcohol and/or other drugs.

# Governance Oversight of the Local Substance Abuse Authorities

The Division of Substance Abuse and Mental Health is required by the Utah Code (UCA 62A-15-103, 62A-15-713, 17-43-101, and 17-43-301) to monitor and evaluate the public substance abuse prevention and treatment system by annually reviewing the Local Substance Abuse Authorities (LSAAs) that provide those services. The intent of this legislation, which was established in Fiscal Year 1999, is to increase accountability, responsibility, and liability of county governing bodies with regard to public funds expended on substance abuse and mental health programs and services. During the 2003 legislative session, Senate Bill 191 further clarified the Local Authority oversight responsibility through specifying Interlocal Agreement requirements, including procurement in policies adopted by the Local Substance Abuse Authorities, and defining the Local Authority responsibility for public use of state and federal funds.

The Division of Substance Abuse and Mental Health monitors and evaluates substance abuse prevention and treatment program quality and continuum of services through an annual site review process, the submission of area plans, and the submission of program outcome data. Division staff also provide technical assistance and training to the LSAAs in needed areas of improvement. The following describes the items the Division monitors through the contract.

**Area Plan:** This is a plan that each Local Authority develops based on the needs of their community. It identifies the continuum of care that will be provided to the public such as universal, selected, and indicated prevention services; inpatient, outpatient or residential treatment; Driving Under the Influence (DUI) classes; Screening and Assessment; and other services.

**Substance Abuse Monitoring Reports:** The Division staff review the delivery of services provided to the public to determine the quality of those services. These services include programs like Drug Court, DUI classes, treatment services, and prevention services.

**Contract with DHS:** The LSAA contract with the Department of Human Services is also reviewed to ensure federal standards, terms and conditions are met, as well as conflict of interest and that requested outcome data will be submitted in a timely manner. The contract also assures that the LSAA and its contracted provider will comply with all requirements of the Utah Code and all rules promulgated by the Department of Human Services.

**Outcome Data:** All Local Authorities are required to submit data regarding number of clients served in a given population, types of services provided, demographics, and treatment outcomes achieved. These data sets include Treatment Episode Data (TEDS) and Prevention Administration Tracking (PATs). These reports are required to be submitted monthly.

**Financial Review:** Because all Local Authorities receive public funds, their financial records and other records relevant to the entity's performance of the services provided are subject to examination by the Division of Substance Abuse and Mental Health, the Local Substance Abuse Authority director, the county treasurer, or district attorney. Financial reviews are conducted annually.

**Local Authority Interviews:** This year, Division staff are conducting interviews with each of the Local Substance Abuse and Mental Health Authorities. The primary purpose of the interview is to determine

each LSAA and LMHA's statutory and contract responsibilities regarding the use of public funds, oversight responsibilities regarding public funds, and the governance of substance abuse and mental health programs and services.

**Independent Audit:** Each year the Local Authorities are required to provide for the appointment of an independent auditor. All audits conducted with the Local Authorities and its contracted provider(s) must be conducted in accordance with UC-51-2-1 and OMB circular A-133. Division staff are invited to attend and participate in each audit entrance and exit conferences where findings are discussed. Finally, the Department of Human Services receives a final copy of the Independent Audit and management letter. Then, Division staff conduct a follow-up review regarding any material weaknesses and/or recommendations during the on-site review process.

**Quality Assurance:** Division staff conduct a quality assurance review where the following documentation is reviewed: client grievance procedures, board meeting minutes, executive travel reimbursements, Department of Human Services Code of Conduct, conflict of interest and third party transactions, check registers, policies and procedures, inventory and surplus reviews, client fee collection processes, and provider subcontracts.

**Other Reviews of Local State and Federal Public Funds Expenditures:** Division staff also monitor admissions, discharges, client to staff ratios, average costs of service by modality and recidivism.

In addition to monitoring and reviewing substance abuse treatment and prevention services and funds, the Division provides guidance to LSAAs through yearly trainings, technical support and the Substance Abuse Treatment Guidelines Manual. This Manual was created by staff from the Division of Substance Abuse and Mental Health and several local substance abuse treatment providers. The guidelines were developed using the most recent scientific and clinical knowledge of substance abuse treatment and are to be used by all publicly funded substance abuse treatment providers. The Guidelines Manual contains information and suggestions for all aspects of substance abuse treatment, including screenings, assessments, levels of care and special populations. The Substance Abuse Treatment Guidelines Manual is available on the Division website: [www.hsdsa.utah.gov](http://www.hsdsa.utah.gov).

The Division is committed to working with our local partners to continually review the quality of services, and monitor the financial and legal responsibilities of Utah's public substance abuse and mental health systems.

# 2003 Current Issue:

## Co-Occurring Disorders

When discussing co-occurring disorders, as the definition below implies, there must be two distinct diagnoses. For a substance user, their level of use must meet “abuse” or “dependence,” not merely “misuse.” Important terms pertaining to co-occurring disorders are defined below.

**Co-occurring Disorders:** This definition was developed by the consensus panel convened to draft the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Improvement Protocol (TIP 9) *Substance Abuse Treatment for Persons with Co-occurring Disorders*: People with co-occurring substance use and mental disorders are “...individuals who have at least one psychiatric disorder as well as an alcohol or drug use disorder. While these disorders may interact differently in any one person (e.g. an episode of depression may trigger a relapse into alcohol abuse, or cocaine use may exacerbate schizophrenic symptoms), at least one disorder of each type can be diagnosed independently of the other. (1995)

**Misuse:** Experimentation with substances or social/recreational use, which is irregular or infrequent (Inaba, 2000). Misuse does not meet the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM IV) criteria for needing substance abuse treatment.

**Abuse:** Continued use of any drug or compulsive behavior despite adverse consequences (Inaba, 2000).

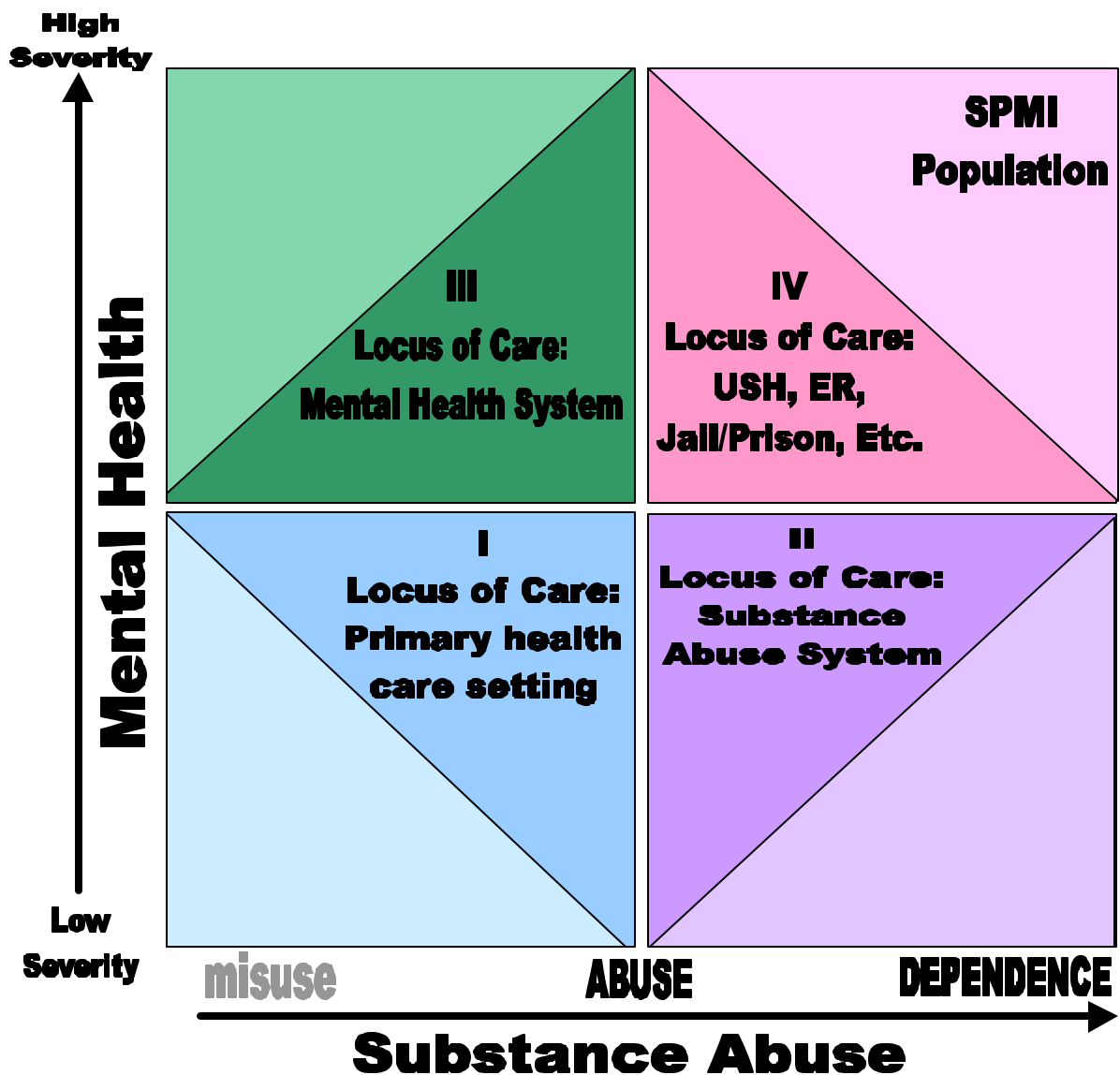
**Dependence:** 1) Physiological adaptation to a psychoactive drug to the point where abstinence triggers withdrawal symptoms and re-administration of the drug relieves those symptoms, 2) Psychological need for a psychoactive drug to induce desired effects or avoid negative emotions or feelings, and 3) Reliance on a substance (Inaba, 2000).

**Mental illness:** A diagnosable, significant psychiatric problem. The psychiatric disorders most often found in combination with substance use disorders are: major depression, schizophrenia, bipolar disorder, anxiety disorder, organic disorders, and developmental disorders.

According to the American Society of Addiction Medicine (ASAM) and the Surgeon General’s Report on Mental Illness 1999, about 21% of adults in the U.S. meet diagnostic criteria for a psychiatric disorder in any 12-month period. Of these people, about 15% also meet criteria for a substance use disorder. Of the 9% of American adults who meet diagnostic criteria for a substance use disorder, about 1/3 meet criteria for one or more psychiatric disorders. Thus, approximately 3% of the adult U.S. population suffers from a combination of addictive and psychiatric disorders in any given year.

The diagram on the following page is a model of the co-occurring population. The darker areas meet SAMHSA’s definition as having co-occurring disorders. This diagram illustrates the severity spectrum of co-occurring substance use and mental health disorders. The populations represented are not static, but move between and within quadrants. Appropriate diagnoses are critical to providing effective treatment and efficiently using limited resources.

# The Co-Occurring Treatment Spectrum







# Utah Prevention Needs Assessment Survey

For more information, see the Division of Substance Abuse and Mental Health website [www.hsdsa.utah.gov](http://www.hsdsa.utah.gov).

## Background

In Spring 2003, the Utah Prevention Needs Assessment Survey (PNA) was conducted as a part of the Student Health and Risk Prevention (SHARP) survey effort undertaken by the Utah Division of Substance Abuse and Mental Health, the Utah Department of Health, and the Utah State Office of Education. This collaborative effort involved the administration of the student surveys of each agency at the same time to minimize disruption of the local schools. The PNA was administered to a sample of students in grades 6 through 12 in all of Utah's school districts.

## Results

The PNA is based upon the Risk and Protective Factor Model of Substance Abuse Prevention. In medical research, risk factors have been found for heart disease and other health problems. Through media campaigns to inform the general public about the risk factors for heart disease, most people are now aware that behaviors such as eating high fat diets, smoking, high cholesterol, being overweight, and lack of exercise, place them at risk for heart disease. Just as medical research discovered the risk factors for heart disease, social scientists have defined a set of risk factors that place young people at risk for the problem behaviors of substance abuse, delinquency, violence, teen pregnancy and school dropout. They have also identified a set of protective factors that help to buffer the harmful effects of risk factors.

The charts on the following pages show the levels of risk and protection of Utah's youth in each of four domains: community, family, school and peer/individual. The tables show the level of risk or protection statewide and compared to the 7-state norm that was established using data from Colorado, Illinois, Kansas, Maine, Oregon and Utah. Each risk factor has been shown in multiple studies to be linked to increased problem behaviors.

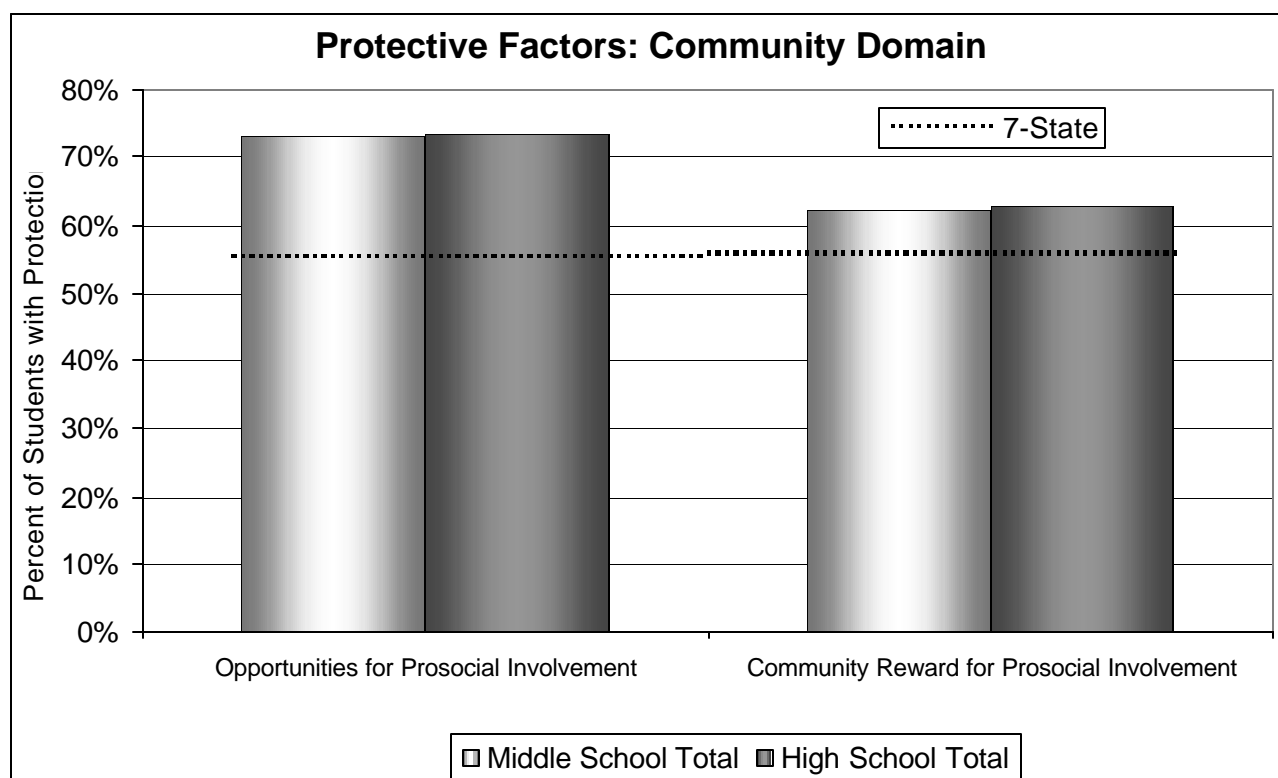
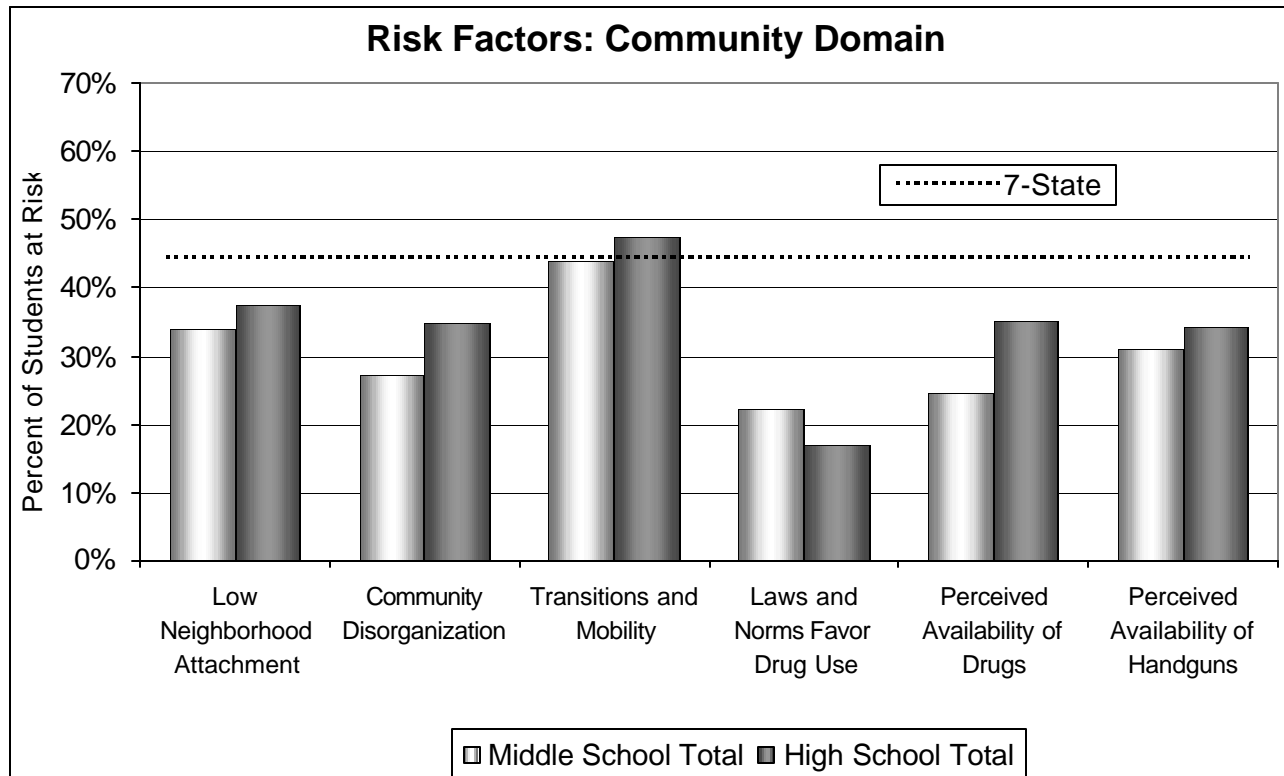
Overall, Utah's risk is lower and its protection is higher than the 7-state norms. This accounts for the lower reported problem behaviors of Utah's youth.

## Community Risk and Protective Factors

Community issues play significant roles in shaping the behaviors of the youth that live there. Communities that are supportive and socially healthy provide a strong benefit to youth. In contrast, communities that are in disarray and have attitudes favorable to problem behavior have a negative impact on youth.

Utah's community risk factors are mostly lower than the 7-state norm. Utah's highest risk factor is Transitions and Mobility, which relates to both normal school moves from level to level in school, as well as the level of turnover within a community. Utah's community protective factors are all well above the 7-state norm.

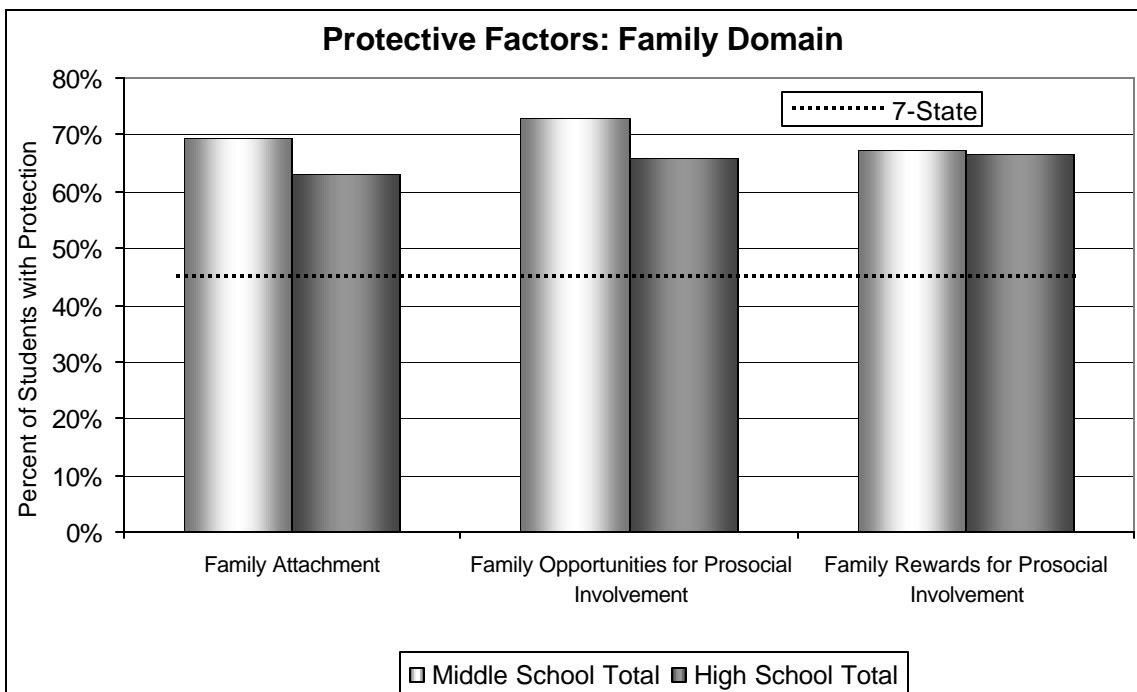
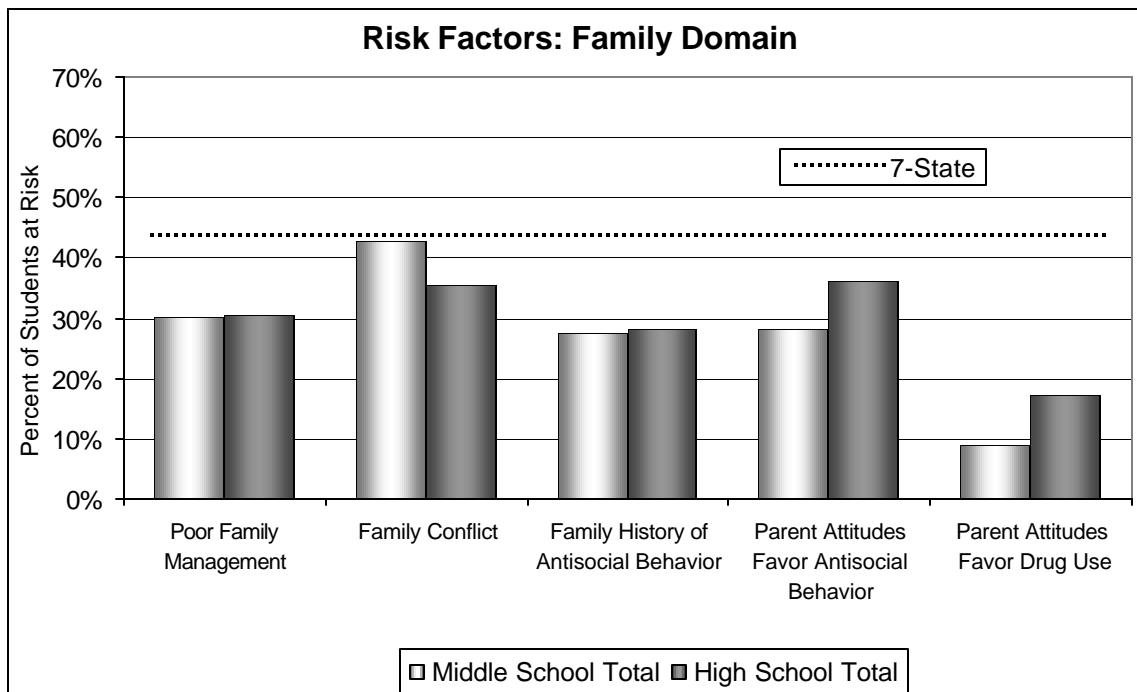




## Family Risk and Protective Factors

In the family domain, youth benefit from healthy personal interaction with parents. Youth are also impacted by their parents' attitudes toward drug use and other problem behaviors. If a youth is living in a situation full of conflict, the youth is at higher risk for problem behaviors.

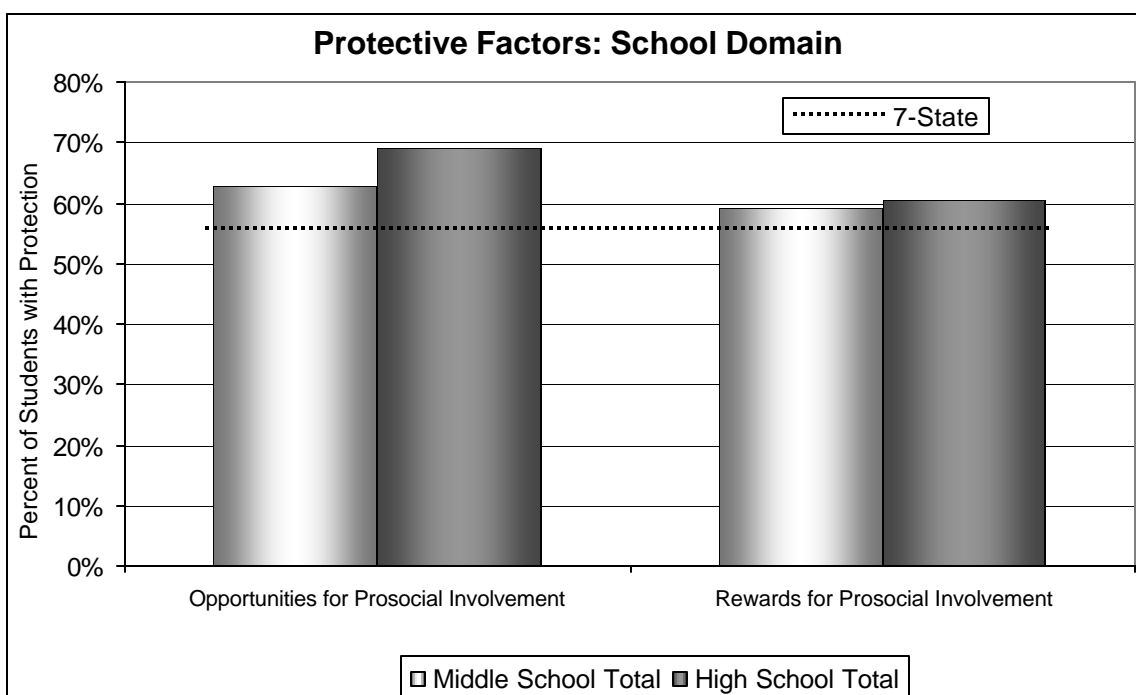
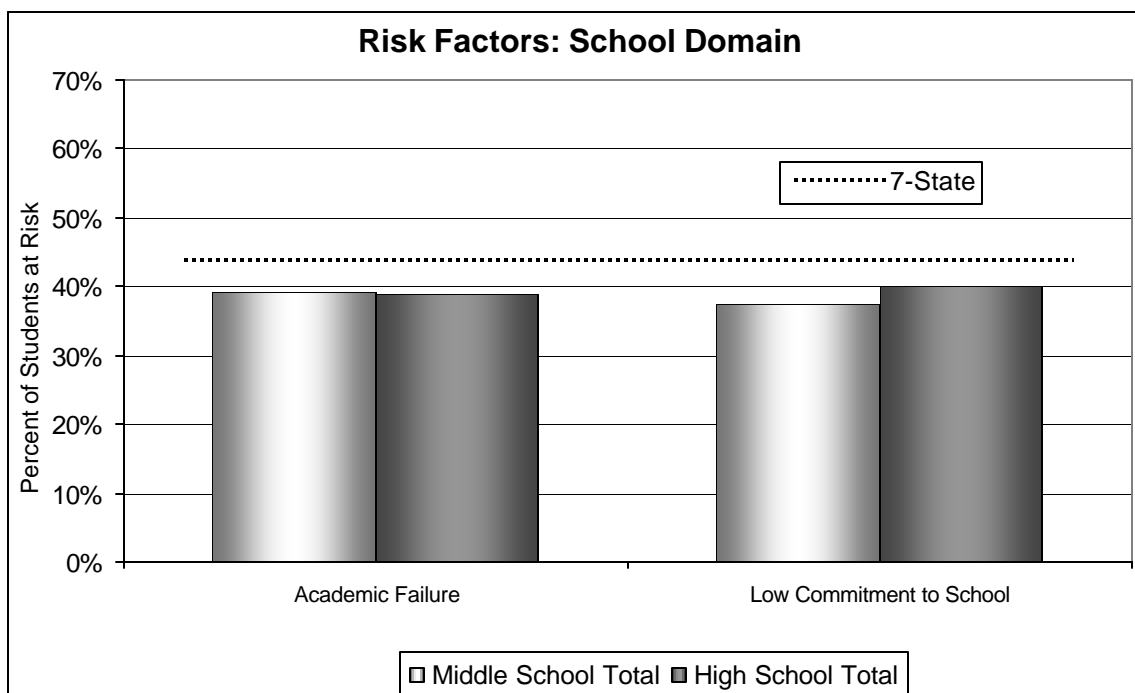
Utah's family risk factors are mostly well below the 7-state norm. The highest risk factor is family conflict, which is just below the 7-state norm. Family protective factors are all well above the 7-state norm, meaning youth in Utah have many positive benefits from their interaction with their families.



## School Risk and Protective Factors

In the school domain, the early years are important as far as creating or decreasing the level of risk for children. Academic failure in elementary school puts children at risk for problem behaviors later in life. Further, a child with early and persistent antisocial behavior is at risk for substance use and other problems later in life. These two factors indicate that prevention programs should begin early in a student's schooling. Programs that can effectively target the needs of the school population will help to decrease the level of risk, thereby decreasing the problem behaviors later in schooling.

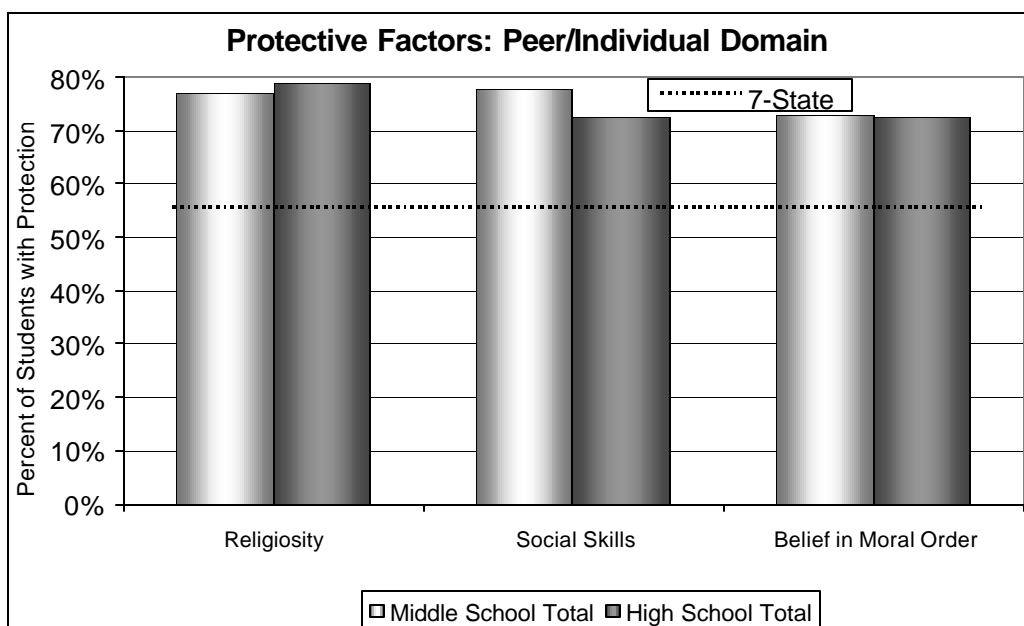
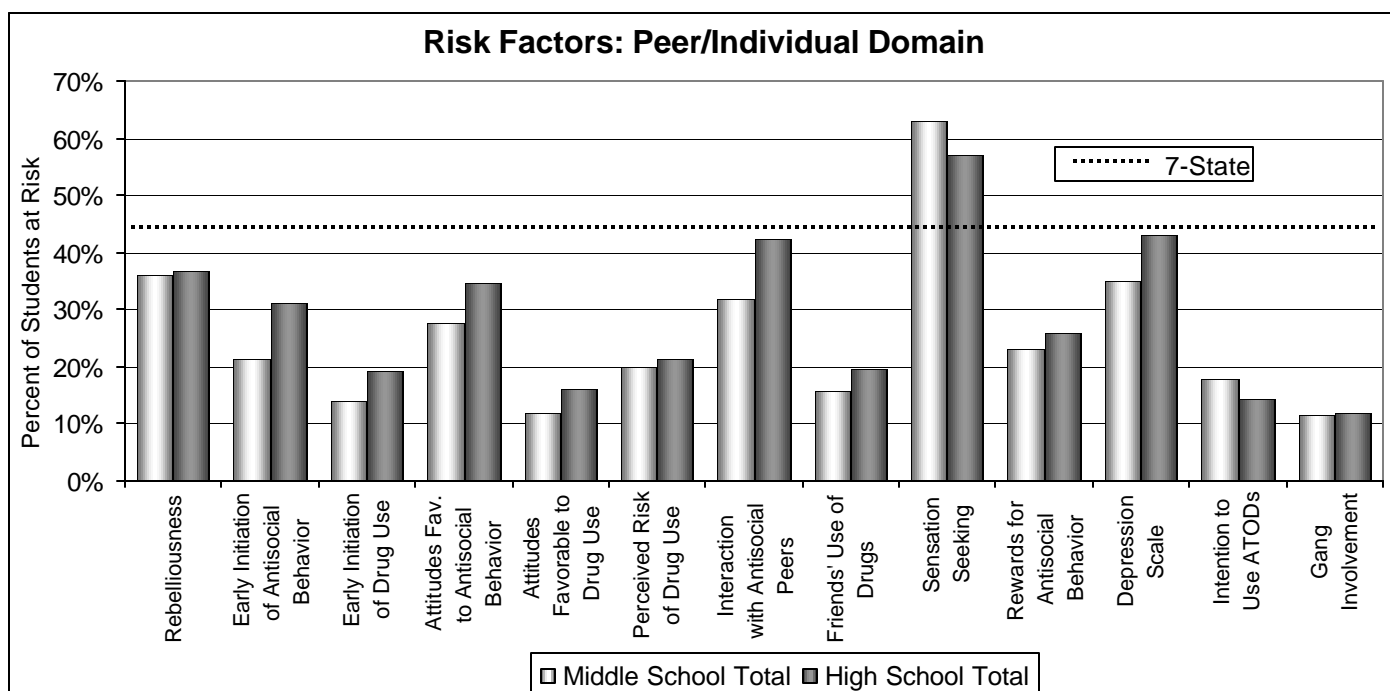
Both risk factors in the school domain were slightly below the 7-state norm. Protection was above the 7-state norm, but these factors were the lowest of protection in all domains.



## Peer/Individual Risk and Protective Factors

This final domain of a student's life consists of more than mere peer pressure. While students are at risk for problem behavior when they have friends that engage in the problem behavior or have favorable attitudes towards the behavior, other risk factors stem from the student him or herself. Students who are depressed, rebellious or who feel alienation are more likely to use drugs and show antisocial behavior. Other constitutional factors also play a part in whether or not a student is at risk for problem behaviors.

With the exception of Sensation Seeking and Depressive Symptoms, Utah's individual risk factors are well below the 7-state norm. Sensation Seeking is the only risk factor that is well above the 7-state norm. This may be due to the many opportunities for "extreme" and "high-risk" sports that make it culturally acceptable to be a risk-taker. Protective Factors in the individual domain are all well above the 7-state norm.



## Alcohol, Tobacco, and Other Drug Use Among Utah Students

The following table shows the reported use of alcohol and other drugs by Utah Students as reported in the 2003 PNA survey.

### Percentage of Utah Respondents Who Used ATODs During Their Lifetime by Grade

	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	Middle School Total	High School Total	All Students
Alcohol	13.1	14.7	21.9	27.8	35.0	40.9	43.7	16.7	36.9	28.5
Cigarettes	7.2	11.0	12.6	17.9	21.0	29.5	27.5	10.2	24.1	18.4
Smokeless Tobacco	2.2	3.7	4.2	3.9	5.4	9.1	11.0	3.3	7.4	5.7
Marijuana	1.5	3.8	7.4	11.3	16.2	23.8	25.9	4.2	19.4	13.0
Inhalants	9.8	12.4	13.1	11.6	13.3	10.2	11.8	11.7	11.7	11.7
Hallucinogens	0.4	0.3	0.9	1.9	3.1	4.7	5.2	0.6	3.7	2.4
Cocaine	0.4	0.4	1.0	1.9	3.0	5.1	5.4	0.6	3.8	2.5
Stimulants	0.5	1.4	1.1	2.3	2.7	4.8	5.0	1.0	3.7	2.6
Sedatives	4.1	5.1	7.4	9.6	12.9	13.1	16.5	5.5	13.0	9.9
Ecstasy	0.5	0.4	1.4	1.6	2.7	3.2	4.7	0.7	3.1	2.1
Heroin	0.3	0.4	0.6	0.6	1.7	2.2	3.3	0.4	2.0	1.3
Any Drug	13.8	17.9	20.6	23.0	28.4	32.8	33.5	17.4	29.5	24.5

### Percentage of Utah Respondents Who Used ATODs During The Past 30 Days by Grade

	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	Middle School Total	High School Total	All Students
Alcohol	1.9	5.7	8.6	10.7	15.9	20.8	21.1	5.4	17.2	12.3
Cigarettes	0.8	2.4	2.6	3.8	5.3	8.5	8.2	1.9	6.5	4.6
Smokeless Tobacco	0.6	1.5	1.1	0.9	1.6	2.4	3.2	1.0	2.0	1.6
Marijuana	0.3	2.4	2.9	5.2	6.8	10.4	10.0	1.8	8.1	5.5
Inhalants	3.4	6.1	5.0	3.8	3.3	1.7	2.4	4.8	2.8	3.6
Hallucinogens	0.3	0.0	0.3	0.3	1.0	1.0	1.1	0.2	0.9	0.6
Cocaine	0.3	0.1	0.4	0.5	1.0	1.3	1.4	0.3	1.1	0.7
Stimulants	0.1	0.3	0.4	0.8	0.7	2.2	1.6	0.3	1.3	0.9
Sedatives	1.6	1.5	3.0	4.5	5.3	5.1	7.9	2.1	5.7	4.2
Ecstasy	0.1	0.0	0.5	0.7	0.7	0.8	0.7	0.2	0.7	0.5
Heroin	0.1	0.1	0.2	0.2	0.2	0.4	0.5	0.1	0.3	0.2
Any Drug	5.4	9.0	9.5	11.0	12.4	15.2	15.8	7.9	13.7	11.3



# 2003 Utah Higher Education Health Behavior Survey

During the spring of 2003, the Utah Division of Substance Abuse and Mental Health (DSAMH) conducted the **Utah Higher Education Health Behavior Survey** (College Survey), a statewide survey of college students. All colleges and universities in Utah were invited to participate; the eight that conducted the survey included: the College of Eastern Utah, Dixie State College, Salt Lake Community College, Snow College, Southern Utah University, the University of Utah, Utah State University, and Utah Valley State College.

The survey was designed to address the following objectives: 1) assess the prevalence of alcohol, tobacco, and other drug (ATOD) use on Utah campuses, 2) measure the need for substance abuse treatment among college students, 3) gain information about health and safety issues facing college students, 4) measure students' perception of substance abuse prevention and policies on campus, and 5) measure the levels of selected risk factors for substance abuse.

## **Survey Sample, Completion Rate, and the Ability to Generalize the Results**

The College Survey was designed to provide valid results at the state level as well as the individual campus level. The survey was designed to sample students from each college according to the population of the college and the number of students in each class level (freshmen, sophomore, junior and senior). The survey was designed to sample 7,970 students; however, there was wide variation in the rate of participation by the eight institutions, with a final total of 4,658 students across Utah completing the survey. A comparison between the demographics of those who completed the survey and all students enrolled in Utah colleges showed that the survey participants were similar to the Utah college population as a whole. Thus, while the overall participation rate by Utah students in the survey was less than ideal, the results produced information that can be used for prevention and treatment planning for Utah's college population.

## **Survey Findings**

The results of **Utah Higher Education Health Behavior Survey** produced information that will be invaluable for future prevention and treatment planning for Utah's college population. The rates of ATOD use, values on risk and protective factor scales, need for substance abuse and mental health treatment, health and safety issues, and other behaviors will also provide a baseline for comparing the results of future studies involving college students in Utah. It is anticipated that the next statewide College Survey will be conducted in Utah in the spring of 2005.

The final report on the College Survey, which includes the specific findings statewide, can be found on the Division website at [www.hsdsa.utah.gov](http://www.hsdsa.utah.gov).



# Prevention Dimensions: The Cornerstone of Utah Prevention

Do you know what the top discipline problems in the public schools were in 1940? How about these: talking, chewing gum, making noise, running in the halls, getting out of turn in line, and not putting paper in wastebaskets! By the early 1980's, when Utah's substance abuse prevention efforts began in earnest, the top problems in schools included the following: drug abuse, alcohol abuse, pregnancy, suicide, rape, robbery, assault, burglary, arson, bombings, murder, absenteeism, extortion, gang warfare, abortion and venereal disease. How times have changed! Enter, **Prevention Dimensions** !

## History of Prevention Dimensions

Utah's **Prevention Dimensions** program (formerly known as the "K-12 Alcohol, Drug, and Tobacco Prevention Education Program") originally evolved out of statewide P.T.A. survey of parents that identified alcohol, tobacco, and other drug problems as second only to the need to improve reading in Utah's schools. Under the leadership of the late Senator Moroni L. Jensen, the 1980 Utah Legislature and Governor Scott M. Matheson responded to parental requests to do more about drug education and approved a one-time appropriation of \$145,000. With the funds came a charge to the Utah State Office of Education, working collaboratively with the Utah Department of Health, the State Division of Substance Abuse, the State P.T.A., and others, to improve the quantity and quality of substance abuse education in Utah's schools. The product of this extensive interagency cooperative effort and partnership is Utah's **Prevention Dimensions** program, a scoped and sequenced curriculum for students in kindergarten through grade twelve.

In 1983, the State Division of Substance Abuse was successful in securing a permanent funding base for substance abuse prevention. A legislative appropriation of \$2,000,000 was obtained through an increase in the tax on beer. The primary purpose of this new funding, now part of the Division's base budget, was to develop and implement alcohol and other drug prevention programs at both the school and community levels. The funding also provided for the establishment of a statewide network of substance abuse prevention specialists.

Originally, the school-based funding was specifically intended for the further development and statewide implementation of a standardized, K-12 curriculum. Most importantly, this new funding enabled the addition of a comprehensive teacher in-service component, to ensure that drug education and the new curriculum materials were implemented effectively. The Utah State Office of Education (USOE) administers and coordinates the statewide implementation of the **Prevention Dimensions** program, with funding support from the State Division of Substance Abuse and Mental Health (DSAMH). The USOE utilizes the funding for the development, production, and distribution of the curriculum materials to the schools. The majority of the legislative funding is distributed by the DSAMH, via formula, to the 13 local substance abuse authorities, which work in partnership with the school districts in their areas to conduct the teacher training.

**Prevention Dimensions** underwent curriculum enhancements in 1992 and 2003. The lesson objectives are based on increasing protective factors and decreasing risk factors, while adhering to a no-use message for alcohol, tobacco, marijuana, inhalants, and other drugs. **Prevention Dimensions** is modeled after other effective, science-based curricula that seek to build life skills, deliver knowledge about alcohol, tobacco, and other drugs (ATOD), and provide opportunities for students to participate in prevention activities.



**Prevention Dimensions** has also undergone periodic evaluations focusing on both the effectiveness of the teacher training and the curriculum itself. During the 1980's, a longitudinal evaluation conducted by Haas, et al., indicated that teachers who participated in the in-service training exhibited significantly increased knowledge of the effects of alcohol, tobacco, and other drugs; as well as an increased willingness to use the curriculum in their classrooms. Student outcomes showed significant increases in knowledge of the effects of alcohol, tobacco, and marijuana, as well as improvements in individual decision-making skills. Further study demonstrated significant reductions in the rate of initiation of alcohol, tobacco, and marijuana use, as well as a slight decrease in monthly alcohol use. More recent evaluation findings show significant reductions in risk factors for substance abuse among high-risk students compared to high-risk students not receiving **Prevention Dimensions**. Further, students who receive **Prevention Dimensions** instruction score higher on knowledge of resistance skills and other personal problem solving skills (life skills) than those who do not participate in **Prevention Dimensions**.

### A Promising Program

Based on its history of positive results, **Prevention Dimensions** received a U.S. Department of Health and Human Services Exemplary Program Award and was accorded "promising program" status in 2002. Following this recognition, the USOE was invited to submit its data from previous **Prevention Dimensions** research to the Center for Substance Abuse Prevention's (CSAP) National Registry for Effective Programs (NREP) for review. The rigorous scientific review of **Prevention Dimensions** produced a score of 3.7 (4.0 is deemed "effective" by NREP).

With these encouraging results, a team representing **Prevention Dimensions** participated in a "Pilot Institute to Advance Effective Prevention" in Washington, D.C., in November 2002, where prevention experts provided technical assistance and program-specific recommendations. The goal of the Institute was to create a roadmap for a "promising program," so that program developers and researchers would know what was needed to move **Prevention Dimensions** to the next level of effectiveness.

### New Curriculum Materials and Evaluation

Under the guidance of the USOE **Prevention Dimensions** Steering Committee, a revision of the K-3<sup>rd</sup> grade lesson content and re-packaged materials, including music components, was completed in January 2003. Ten regional trainings were conducted statewide to train classroom teachers and to disseminate the new resource materials during March, April and May of 2003. The 4<sup>th</sup> through 6<sup>th</sup> grade lessons and materials will be ready for distribution in the near future. Given the timely nature of this new curriculum release, a new research study is underway during the current, 2003-2004 school year. The overall goal of this study is to determine the impact of the **Prevention Dimensions** resource lessons on students in Utah. The assumption is that **Prevention Dimensions** is "effective" in producing a statistically significant impact on variables related to drug use. These impacts would include such changes as increased knowledge, increased protective factor scale scores, and decreased risk factor scale scores. With the successful completion of this new study, **Prevention Dimensions** is likely to be accorded an "effective program" status by CSAP/NREP in the near future.

We've come a long way, Utah! With **Prevention Dimensions** providing a strong foundation for all of the state's substance abuse prevention efforts, Utah will continue to successfully address alcohol and other drug issues among children and youth statewide.



# Synar

## Sales to Underage Smokers Decrease

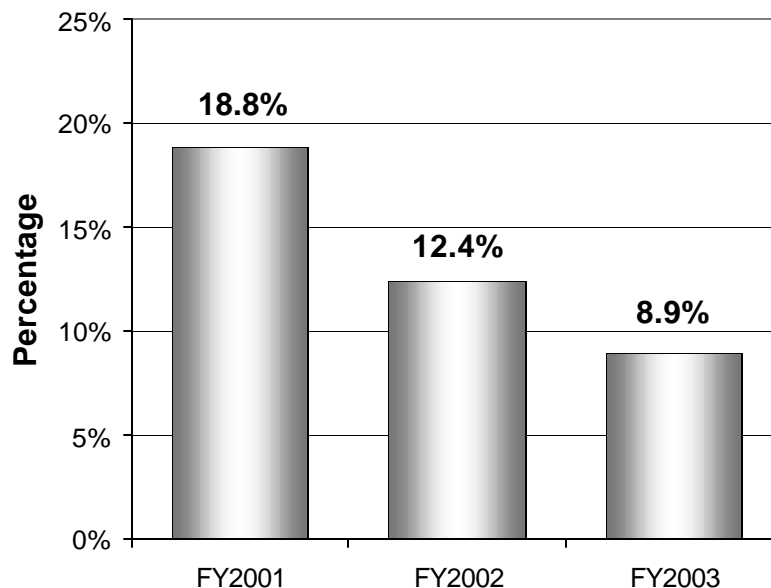
As part of Utah's tobacco prevention efforts, the Utah State Department of Health Tobacco Prevention and Control Program conducts compliance checks of all tobacco retailers in the state. These checks are done in cooperation with local Health Departments and law enforcement. Youth ages 14 – 18 are hired and trained by law enforcement. The youth attempt to buy tobacco products from retail locations. If a clerk sells the tobacco to the minor, a citation is issued by the law enforcement officer. In addition, the Department of Health has the authority to suspend the tobacco license of any outlets that are repeat offenders. Outlets that go the entire year with no violations are given special recognition by the Department of Health.

### Summary of Tobacco Inspections Results - Utah FFY 2003

In FY2001, Utah's underage sell-rate for the compliance checks was **18.8%**. In FY2002, this number dropped to **12.4%**; and in FY2003 the underage sell-rate dropped even further, to **8.9%**! The Federal Government requires an underage sell rate of no higher than 20% in order to avoid sanctions against Federal SAPT Block Grant money.

Local Health District	Percent of Youth Under 18	Total Number of Tobacco Outlets	Total Number of Outlets Inspected	Total Number of Outlets Found in Violation
Bear River	6.2%	90	86	6
Central	3.1%	113	111	8
Davis	11.5%	107	105	10
Salt Lake	38.0%	642	582	44
Southeastern	2.3%	97	84	6
Southwest	6.2%	204	194	16
Summit	1.2%	43	30	8
Tooele	2.1%	35	34	4
Tri-County	1.9%	60	52	2
Utah	17.9%	190	186	18
Wasatch	0.7%	25	23	13
Weber/Morgan	8.8%	138	138	9
<b>Total:</b>	<b>NA</b>	<b>1,744</b>	<b>1,625</b>	<b>144</b>

### Percentage of Outlets Found in Violation





# Treatment



# Substance Abuse Treatment

treatment

Treatment for substance abuse and dependence disorders has changed dramatically over the past several years. As the data reflect, the drugs of abuse have changed, as have the patient characteristics. These changes have resulted in more difficult patients with an array of issues to deal with. In response to these changes the treatment field has developed evidence-based interventions to more effectively address the needs of the patients presenting for treatment.

**Screening and Referral:** Screening to detect possible substance abuse problems can occur in a variety of settings. Human service agencies, such as Child and Family Services, Aging and Adult Services, Health Clinics, etc., may screen for possible substance abuse or dependence using simple questionnaires or including appropriate questions in their own evaluation process. Individuals involved in the Criminal or Juvenile Justice systems are at exceptional risk for substance abuse disorders and should be screened consistently. As noted in a subsequent section of this document, a significant portion of the substance abuse effort is directed to this population. Referral for treatment comes from many different sources: the client him or herself, friends and family, employers, or the justice system. There is no wrong door to treatment!

**Assessment:** A biopsychosocial evaluation is administered by the treatment program in order to determine the “medical necessity” for treatment. In addition to ascertaining the need for treatment, the assessment is used to develop the diagnosis, to generate a treatment plan, to determine the level of care and to establish a baseline for determining progress. The Division of Substance Abuse and Mental Health requires the Addiction Severity Index (ASI) for adults and a modified assessment known as the Criminal Justice ASI for that population. The assessment required for adolescents is the Comprehensive Adolescent Severity Inventory (CASI). All assessments are science-based and crosswalk directly to the American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC) for levels of care and diagnostic criteria.

**Placement into Treatment:** The client is placed into the appropriate level of care as determined by the ASAM PPC. In addition to diagnosis, factors affecting the proper placement may include availability of a particular level of care, waiting lists, or client preference.

**Levels of Care and/or Service Types:** The Division requires that the American Society of Addiction Medicine Patient Placement Criteria be used to determine the most appropriate setting for treatment. The Criteria are science-based and provide a structure to place the client in the least restrictive, most effective level of treatment possible. The American Society of Addiction Medicine has described several levels of care to treat individuals with a substance abuse/dependence diagnosis. Not all of these levels of care are available in all areas of Utah, however, all providers are required to provide at least outpatient counseling and have the ability to obtain residential services. Clients move between levels of care based on their progress or lack of progress in treatment.

- **Outpatient Treatment:** Outpatient treatment is provided in an organized setting by licensed treatment personnel. These services are provided in scheduled individual, family, or group sessions usually fewer than 9 hours per week. The goal of outpatient treatment is to help the individual change alcohol and or drug use behaviors by addressing their attitudinal, behavioral and lifestyle issues.
- **Intensive Outpatient Treatment:** Intensive outpatient treatment services may take place in outpatient or partial hospitalization settings. These programs provide education, treatment assistance and help



patients in developing coping skills to live in the “real world.” Services include group therapy, individual therapy, case management, crisis services and skill development and generally are between 9 and 20 hours per week. They also arrange for medical, psychiatric and psychopharmacological consultation as needed.

## Treatment

- **Residential/Inpatient Treatment:** This level of care is delivered in a 24-hour, live-in setting and the program is staffed 24 hours a day by licensed treatment staff and may include other professionals such as mental health staff and medical staff. The safe, stable, planned environment helps patients develop recovery skills and succeed in treatment. Individual and group therapy are provided as well as skill development, parenting classes, anger management and other evidence-based treatment. This level of care includes short-term and long-term treatment settings.
- **Detoxification:** The main objective of detoxification is to stop the momentum of substance use and engage the client in treatment. This includes addressing the withdrawal syndromes affecting the patient physically and psychologically. The goals of care are: 1) avoidance of the potentially hazardous consequences of discontinuation of alcohol and other drugs of dependence; 2) facilitation of the patient’s completion of detoxification and linkages and timely entry into continued medical, addiction or mental health treatment or self-help recovery as indicated; and 3) promotion of dignity and easing of discomfort during the withdrawal process.
- **Opioid Maintenance Therapy (OMT):** “Opioid Maintenance Therapy” is an umbrella term that encompasses a variety of treatment modalities, including the therapeutic use of specialized opioid compounds such as methadone and LAAM, which occupy opiate receptors in the brain, extinguish drug craving and establish a maintenance state. The result is a continuously maintained state of drug tolerance in which the therapeutic agent does not produce euphoria, intoxication or withdrawal symptoms. Although it is most commonly offered at the outpatient level, OMT can be delivered at any level of care. Buprenorphine has been approved by the FDA and is available through specially licensed doctor’s offices.

**Treatment:** Addiction is a complex interaction of biological, social and toxic factors, heredity, environment, and psychoactive drugs. Given these multiple influences, there is no one treatment that is appropriate for everyone. Treatment should be science-based and provided in such a way as to meet the individual needs of those coming for treatment, be they adolescent marijuana users, addicted pregnant women or chronic alcoholics. Certain groups of clients require extraordinary treatment and may require longer lengths of care. These populations include:

- pregnant and parenting women, especially those addicted to methamphetamine;
- those with co-occurring mental illness; and
- criminal justice referrals.

A variety of interventions have been validated over the past few years including pharmacological adjuncts. Self-help and 12-step groups continue to be an important support for those in treatment but should not be considered a “stand alone” treatment.

**Transfer during treatment:** The Division encourages moving clients from one treatment level to another based on successful completion of treatment objectives or lack of progress at a particular level. Transfer between programs or even Local Authority districts may be necessary based on the needs of a particular patient and the resources available.



reatment

**Discharge:** At completion of treatment, the patient is discharged from service. A discharge plan is created and should include aftercare and self-help meetings. Many patients leave treatment without completing treatment. This should not adversely affect their return to treatment at a later time.

The following table illustrates the continuum of substance abuse prevention and treatment services provided in Utah.



### Utah Division Of Substance Abuse and Mental Health Substance Abuse Services Continuum

Function	Prevention/Intervention			Treatment		
Program Level	<i>Universal</i>	<i>Selected</i>	<i>Indicated</i>	<i>Outpatient</i>	<i>Intensive Outpatient</i>	<i>Residential</i>
<b>Appropriate For</b>	<del>G</del> eneral Population	<del>A</del> t Risk	<del>U</del> sing but does not meet DSM IV Diagnostic Criteria	<del>D</del> SM IV Diagnosis of Abuse or Dependence	<del>S</del> erious Abuse or Dependence	<del>S</del> evere Abuse or Dependence
<b>Identification Process</b>	<del>G</del> eneral Interests	<del>R</del> eferral	<del>S</del> A Screening	<del>A</del> SI (adult) or CASI (adolescent)	<del>A</del> SI (adult) or CASI (adolescent)	<del>A</del> SI (adult) or CASI (adolescent)
<b>Populations</b>	<del>K</del> -12 Students <del>G</del> eneral Population	<del>S</del> chool Dropouts, Truants, Children of Alcoholics, etc.	<del>D</del> UI Convictions, Drug Possession charges, etc.	<del>A</del> ppropriate for general population, Criminal Justice referrals including DUI when problem identified, Women and Children, Adolescents, poly drug abusers, Meth addicted, alcoholics, etc.		
<b>Program Methods</b>	<del>R</del> isk Protective Factor Model <del>P</del> revention Dimensions <del>R</del> ed Ribbon Week	<del>R</del> isk Protective Factor Model	<del>R</del> isk Protective Factor Model <del>E</del> ducation Intervention Programs	<del>E</del> videnced Based, Preferred Practices, ASAM Patient Placement Criteria		



# Utahns in Need of Substance Abuse Treatment

The results of the 2000 State Treatment Needs Assessment Survey and the 1997 State Youth Household Survey on Substance Abuse indicated that:

- **4.9% of adults** in Utah were classified as dependent on either alcohol or drugs and in need of treatment services. Our 1996 survey reported that 6.1% of adults were classified as dependent, so the rate has decreased by more than 1%.
- **7.3% of Utah youth** age 12 to 17 are dependent on drugs or alcohol.
- The public substance abuse treatment system, at capacity, is currently serving approximately **18,056** individuals, or **19% of the actual need** in the state. A combined total of approximately **94,731** adults and youth are in need of substance abuse treatment services.

The percentage of adults and youth needing treatment by service district varies considerably. The following table demonstrates the actual number of adults and youth who need treatment, by district. In addition, the current capacity of each district, or how many individuals were actually served in FY03, is also included to illustrate the unmet need.

## Need For Treatment Survey Results

District	Adults (18 years +)			Youth (12-17)		
	% Need Treatment	# Need Treatment	Current Capacity	% Need Treatment	# Need Treatment	Current Capacity
Bear River	4.1%	3,747	1,148	5.0%	804	153
Central Utah	5.9%	2,542	449	9.3%	772	78
Davis County	3.3%	5,116	1,121	4.1%	1,158	152
Four Corners	5.7%	1,583	595	15.4%	693	106
Northeastern	7.7%	2,024	239	8.0%	407	68
Salt Lake County	5.7%	35,614	6,949	9.2%	8,354	1,379
San Juan County	4.2%	367	134	3.4%	65	52
Southwest Center	5.1%	4,939	588	7.9%	1,229	125
Summit County-VMH	7.5%	1,565	257	20.5%	618	43
Tooele County-VMH	6.4%	1,695	293	13.1%	585	68
Utah County	4.1%	9,965	1,402	2.5%	1,095	205
Wasatch County	5.4%	541	82	7.4%	127	9
Weber Human Services	5.0%	7,005	2,110	9.9%	2,121	251
<b>Total:</b>	4.9% <sup>a</sup>	76,703	15,367	7.3% <sup>b</sup>	18,028	2,689

a Taken from the 2000 State of Utah Telephone Household Survey Treatment Needs Assessment Project

b Taken from the 2003 State of Utah Prevention Needs Assessment Survey



treatment

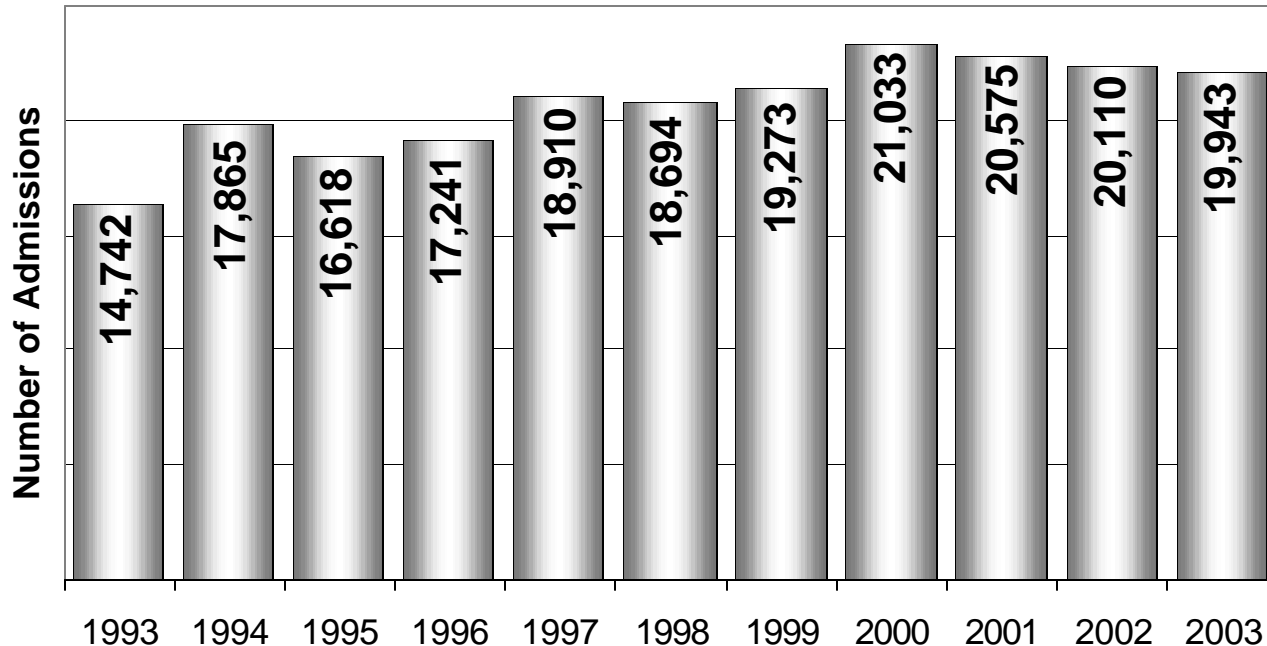
## FY2003 Treatment Services for Adults and Youth

The Federal Government requires each state to collect demographic and treatment data on all patients admitted into any publicly-funded substance abuse treatment facility. This data is called the Treatment Episode Data Set (TEDS). TEDS is the source that the Division of Substance Abuse and Mental Health uses for treatment admission numbers and characteristics of patients entering treatment.

The Division collects this data from the Local Substance Abuse Authorities (LSAAs) on a quarterly basis. TEDS has been collected each year since 1991. This allows the Division to report trend data based on treatment admissions over the past ten years (see chart below).

### Treatment Admissions in Utah

Fiscal Years 1993 to 2003



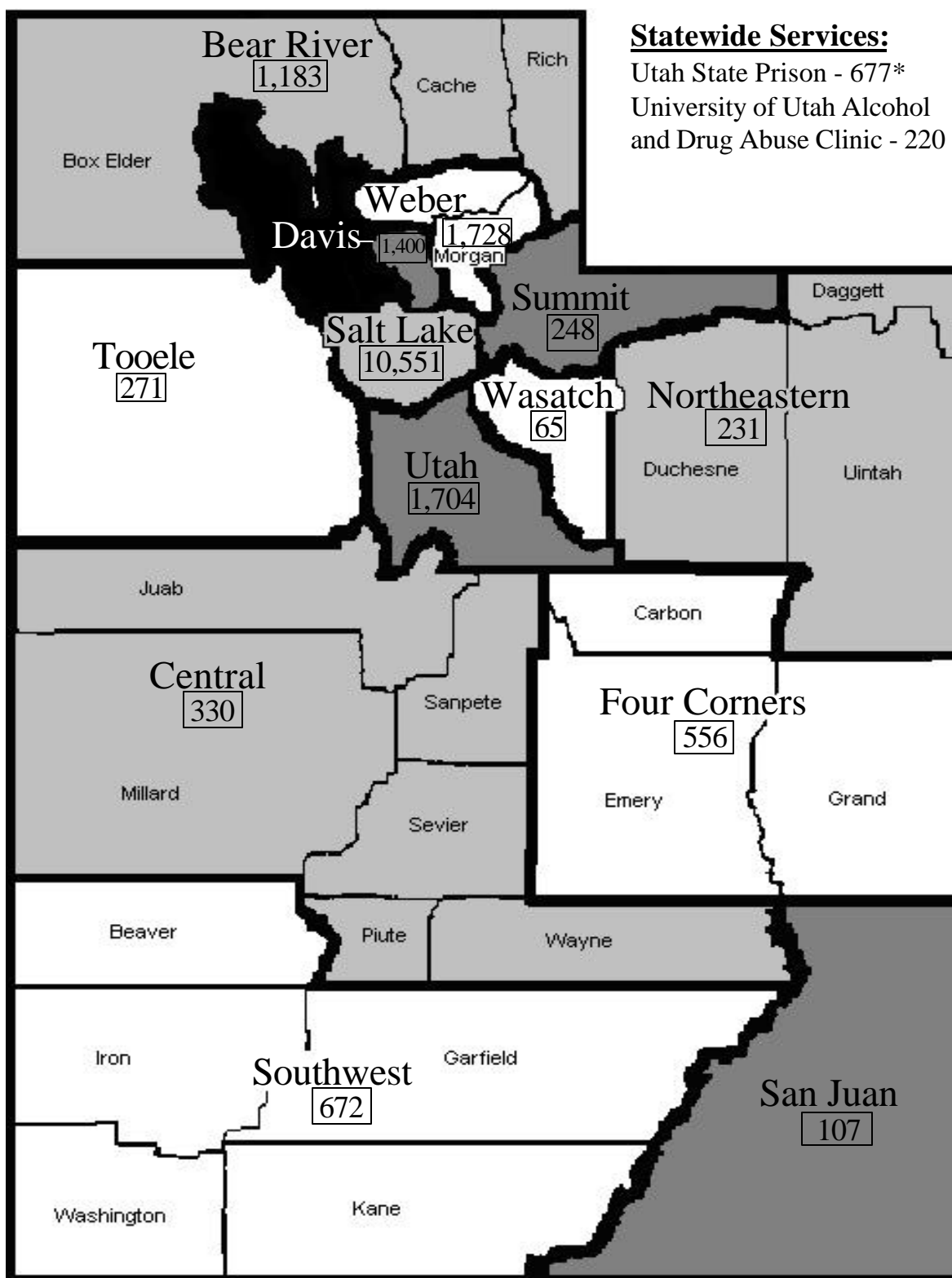


# Treatment Admissions by Area

Below is a map that depicts the area that each Local Substance Abuse Authority covers and the number of substance abuse admissions that each LSAA reported for Fiscal Year 2003.

**Treatment**

The Utah State Prison and the University of Utah serve patients that do not necessarily come from one individual county. These two agencies are considered to be statewide providers.



(\*Note: Included in this number are 64 admissions that do not appear elsewhere in this report.)



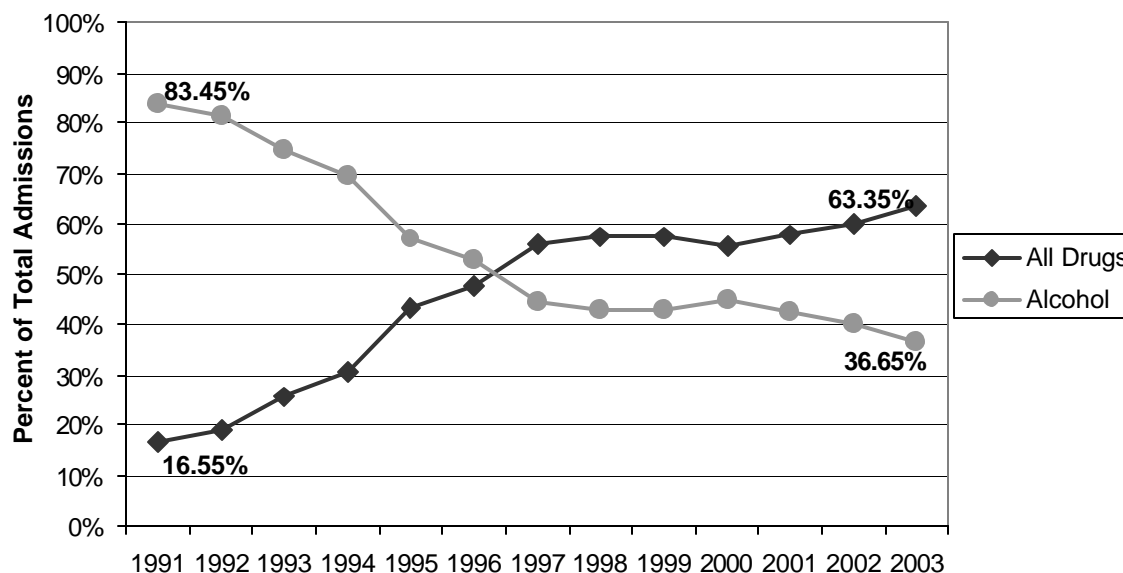


# Primary Substance of Abuse

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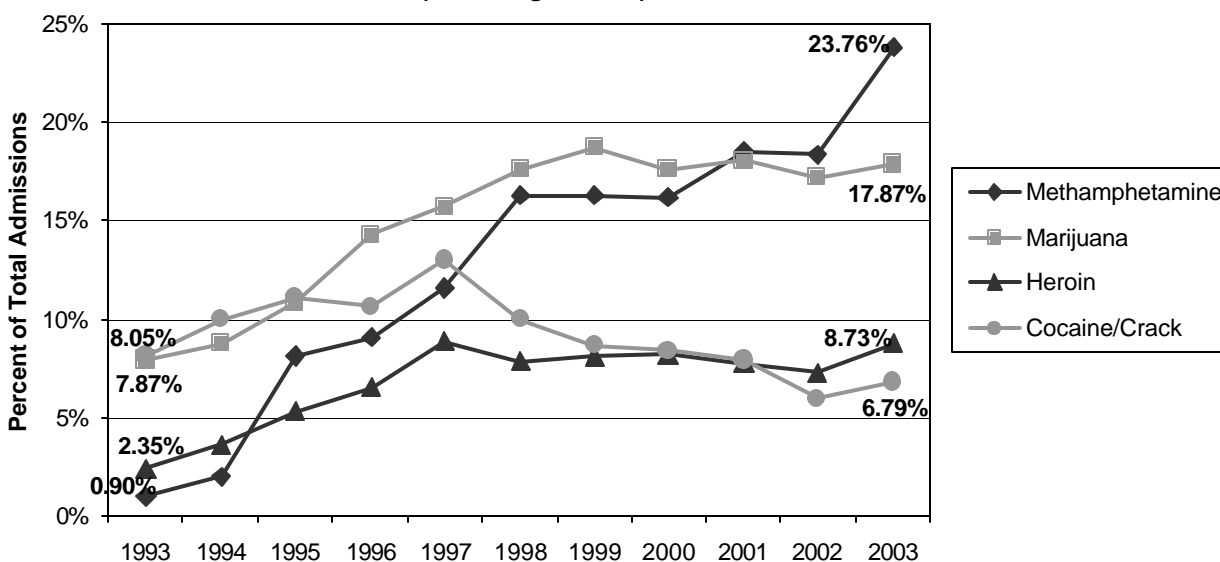
Twelve years ago, in 1991, 83% of Utah patients came into treatment for help with alcohol dependence; in fiscal year 2003 that percentage fell to 37%. On the other hand, the percentage of patients entering treatment for illicit drug abuse/dependence has risen from 17% in 1991 to 63% in 2003.

## Patient Admissions for Alcohol vs. Drug Dependence



Over 57% of the patients use one of four different drugs: marijuana, methamphetamine, cocaine/crack, and heroin. The chart below shows the trends of the use of these four drugs over the past 10 years. In 1993 cocaine was the most common illicit drug used, but in fiscal year 2003 methamphetamine continued to be the most common drug among patients after surpassing marijuana in 2001. The gap between methamphetamine and marijuana widened significantly in FY2003. Marijuana continues to be one of the most common drugs used in Utah, and is often used in combination with other illicit drugs and alcohol.

## Top Four Illicit Drugs of Choice by Year (Excluding Alcohol)





## Treatment

The table below lists the primary substances used by patients, as reported at admission to treatment. The percentages represent patients, by gender, who reported the substance was their primary substance of abuse. As this table illustrates, the primary drug of choice differs among the male and female treatment populations. The illicit drug of choice among men is marijuana (19%), closely followed by methamphetamine. Admissions for use of methamphetamines account for over 31% of the female admissions. While alcohol continues to be the primary substance of abuse for men, FY2003 is the first year more women were admitted for methamphetamine use than for alcohol use.

### Primary Substance by Gender Fiscal Year 2003

	Male	Female	Total
Alcohol	40.98%	25.96%	35.86%
Marijuana/Hashish	19.57%	12.91%	17.30%
Heroin	8.37%	8.67%	8.47%
Other Opiates/Synthetics	2.34%	6.04%	3.61%
Club Drugs	0.18%	0.09%	0.15%
Other Hallucinogens	0.22%	0.10%	0.18%
Cocaine/Crack	5.94%	7.79%	6.57%
Methamphetamine	18.70%	31.52%	23.07%
Other Stimulants	0.40%	0.79%	0.53%
Benzodiazepines	0.21%	0.90%	0.44%
Other Sedative-Hypnotics	0.08%	0.26%	0.15%
Inhalants	0.24%	0.07%	0.19%
Over-the-Counter	0.14%	0.06%	0.11%
Other	0.24%	0.28%	0.25%
None/Missing	2.39%	4.56%	3.13%
<b>Total:</b>	<b>13,140</b>	<b>6,803</b>	<b>19,943</b>

The table below contains the raw numbers for the primary substance of abuse by age grouping. It shows that alcohol is the most common substance of abuse for all but two groups. Most adolescent (under 18) admissions use marijuana, and for the first time methamphetamine is the drug of choice for the 25 to 34 cohort. The gap between methamphetamine and alcohol in the 18 to 24 group is narrowing.

### Primary Substance of Abuse by Age Grouping Fiscal Year 2003

	Under 18	18 to 24	25 to 34	35 to 44	45 to 64	65 and over	Missing	Total
Alcohol	579	1,262	1,498	2,081	1,674	50	7	7,151
Marijuana/Hashish	1,509	982	559	302	93	1	4	3,450
Heroin	6	274	554	545	309	2	0	1,690
Other Opiates/Synthetics	14	162	276	166	100	0	1	719
Club Drugs	9	13	4	1	2	0	0	29
Other Hallucinogens	7	17	9	0	3	0	0	36
Cocaine/Crack	36	193	416	510	155	0	1	1,311
Methamphetamine	119	1,187	1,829	1,234	230	2	0	4,601
Other Stimulants	5	25	49	15	12	0	0	106
Benzodiazepines	1	19	27	32	6	2	1	88
Other Sedative-Hypnotics	3	2	6	8	10	0	0	29
Inhalants	16	7	2	5	7	0	0	37
Over-the-Counter	5	5	7	3	2	0	0	22
Other	4	5	10	9	19	1	2	50
None/Missing	359	67	77	48	18	0	55	624
<b>Total:</b>	<b>2,672</b>	<b>4,220</b>	<b>5,323</b>	<b>4,959</b>	<b>2,640</b>	<b>58</b>	<b>71</b>	<b>19,943</b>



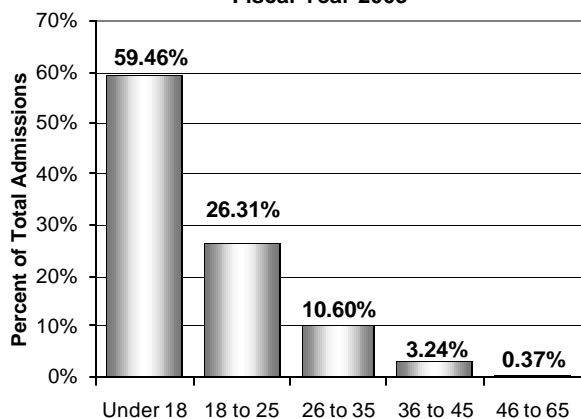
reatment

# Age of First Use of Alcohol and/or Other Drugs

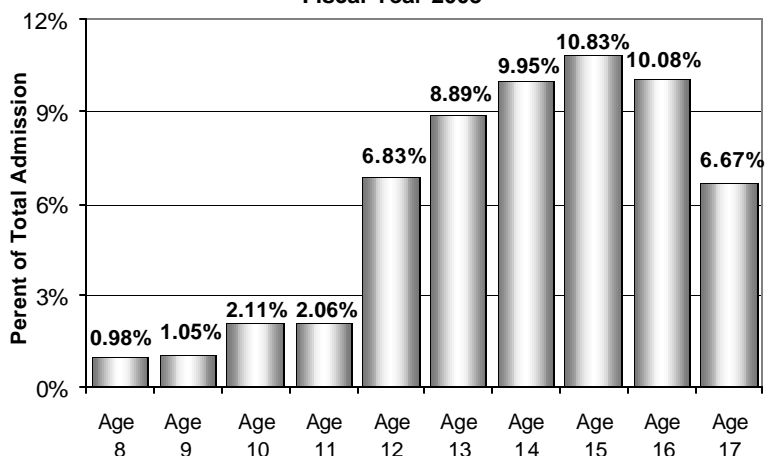
The Division tracks data on age of first use for alcohol and illicit drugs. Early onset of substance use or abuse can help target prevention and intervention services. Understanding age of first use can also help treatment providers with wellness strategies for their patients.

As these graphs illustrate, most use begins in the early teenage years with 59% of first use occurring prior to the age of 18. Alarmingly, 42% of patients started using their primary substance of abuse before they could even drive at age 16. Still, over one quarter of first use begins in the early adult years of 18 to 25 years, with a significant decrease after that.

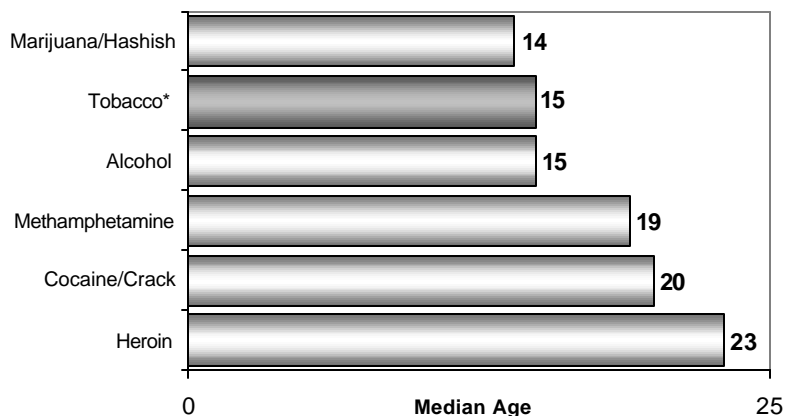
**Age of First Use of Primary Substance Of Abuse**  
Fiscal Year 2003



**Age of First Use of Primary Substance of Abuse - Under 18**  
Fiscal Year 2003



**Median Age of First Use of Primary Substance of Abuse**  
Fiscal Year 2003



This graph shows the median age of first use for the patients' primary substance of abuse. This is the age at which half of the patients started before that age and half started after. For marijuana the median age is 14, and for alcohol it is 15. This means half of patients started in their early teens or before. This highlights the need for early prevention and early intervention efforts.

\*Included in this chart is tobacco, which is not considered to be a substance of abuse. At admission, patients are asked about their use of tobacco and when they began using it. Because early tobacco use is often a gateway to other drug use, it is included here for comparison.

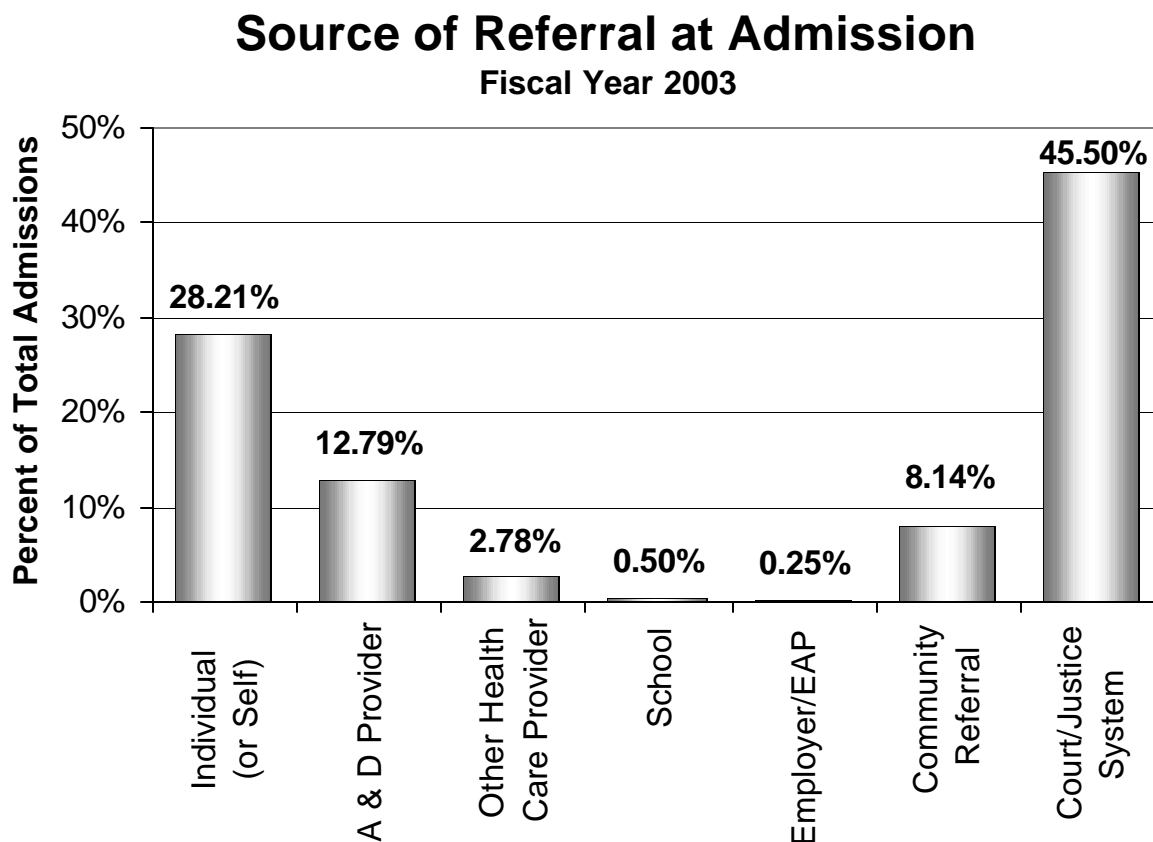


# Referral Source

## Treatment

The individual or organization that has referred a patient to treatment is recorded at the time of admission. This source of referral into treatment can be a critical piece of information necessary for helping a patient stay in treatment once there; the “referral source” can continue to have a positive influence on the patient’s recovery.

The graph below shows the detailed referral sources for FY2003.



## Justice System Referrals

In FY2000, the Division began to look at the justice system referrals in more detail. The table to the right details a breakdown of the specific criminal justice referrals for each year since FY2000. The Division has focused on assessment and treatment of the criminal justice population. Intervening early with this population could have a tremendous impact on crime, healthcare, and families.

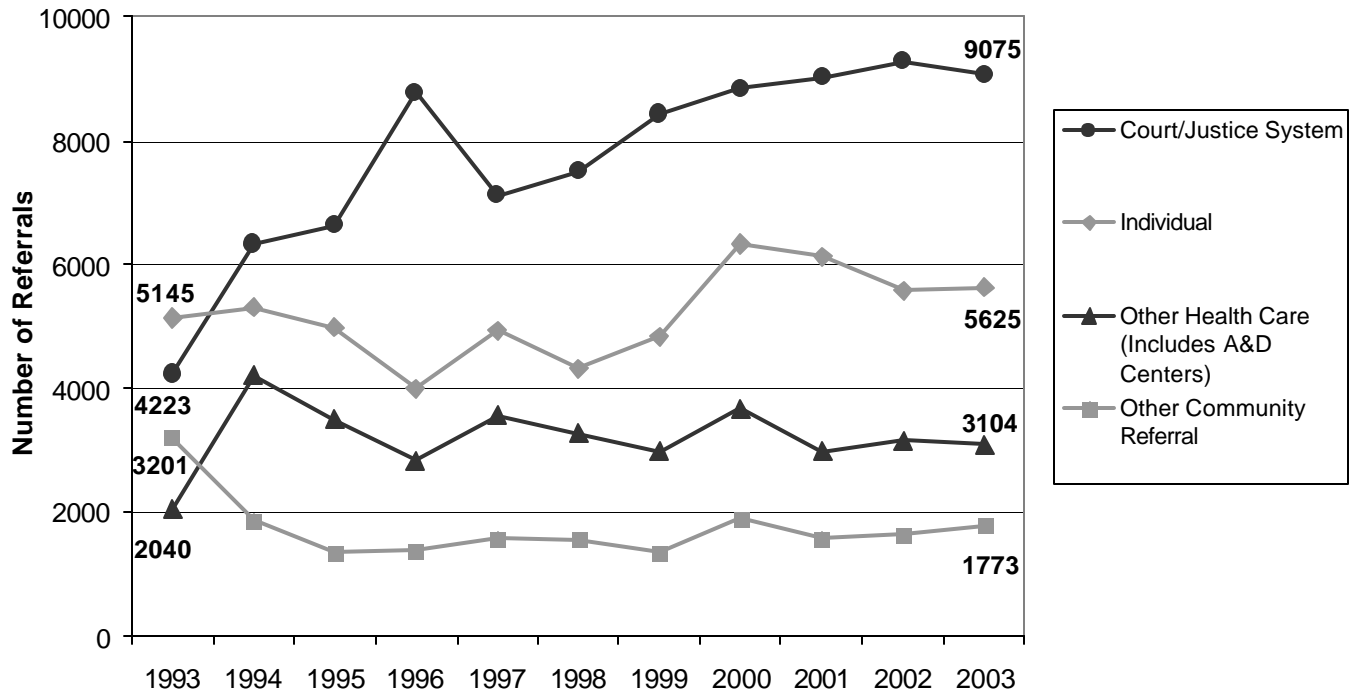
Source	FY2000	FY2001	FY2002	FY2003
Adult Court	3,976	3,551	3,773	4,078
Juvenile Court	1,563	1,654	1,809	1,708
Probation	1,088	1,065	1,191	1,048
Parole	228	378	596	787
Police	771	584	398	261
Prison	1,130	1,710	1,396	1,009
DUI/DWI	67	78	106	184
<b>Total:</b>	<b>8,823</b>	<b>9,020</b>	<b>9,269</b>	<b>9,075</b>



## treatment

As indicated below, referrals from the Court/Justice System have increased significantly over the past decade. In the early '90s, referrals from this source were proportionally the same as referrals from other sources. But since that time, referrals from the Court/Justice System make up almost half of those in treatment. It is also estimated that some of the Individual referrals are also involved with the courts or Adult Probation and Parole. The Division estimates that as many as 60% of treatment clients are involved with the justice system.

### Referral Source by Year



As mentioned earlier, the Division has concentrated resources and energy on this population. Drug Board (Davis and Weber Counties) and the CIAO program (Collaborative Interventions for Substance Abusing Offenders) have all added to system referrals. See the Criminal Justice section of this report for more information on these programs.

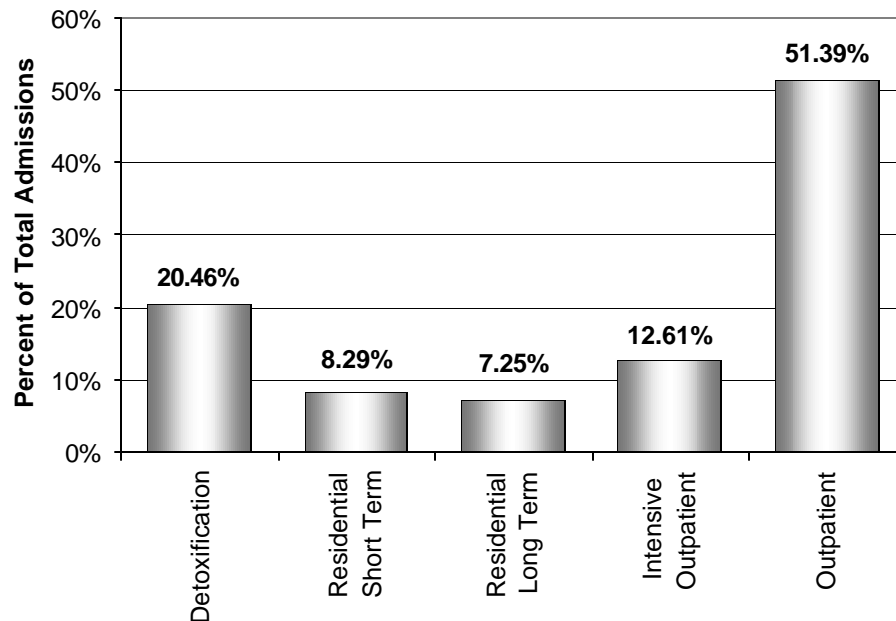


# Service Types

## Treatment

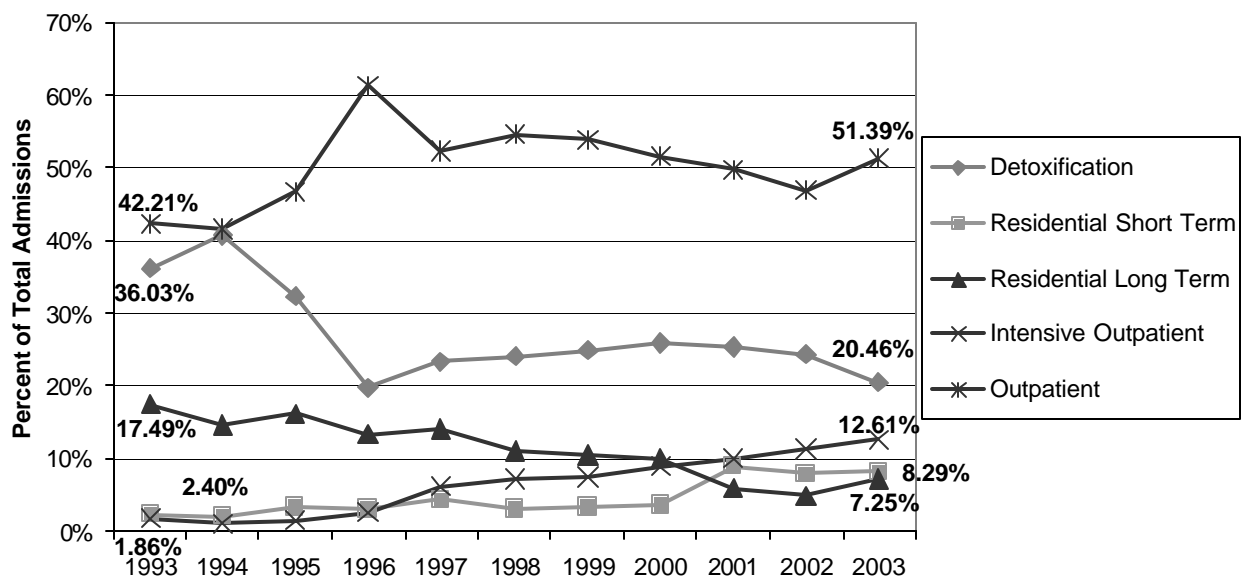
The graph below depicts the service type to which patients were admitted upon entering treatment in FY2003. Outpatient is the most widely used service type, followed by detoxification services, which are administered in a variety of settings. Statewide, a small percentage of patients receive services in residential settings. Treatment service type is based on a patient's individual needs and the severity of their situation.

**Service Type at Admission**  
Fiscal Year 2003



As the graph below shows, the need for all levels of service has remained somewhat stable over the past seven years. General outpatient services experienced the greatest increase in FY2003, and detoxification services have steadily decreased since FY2000. Patients in residential services generally “step-down” to intensive outpatient or outpatient services as they progress through their treatment.

**Trends in Service Types**





# Gender

## treatment

The charts on this page provide a general overview of the breakdown by gender in the treatment population over the past twelve years. In FY2003, the Utah State Prison had the lowest percentage of women served at 15.21%, whereas San Juan County, one of Utah's most rural areas, had the highest percentage of women served at 42.99%. It is, however, important to remember that the Utah State Prison has a larger population of men than women, which accounts for their unusually high percentage of male admissions. In fiscal year 2003, there was generally a 67%-33% split between men and women, statewide.

## Gender

Fiscal Year 2003

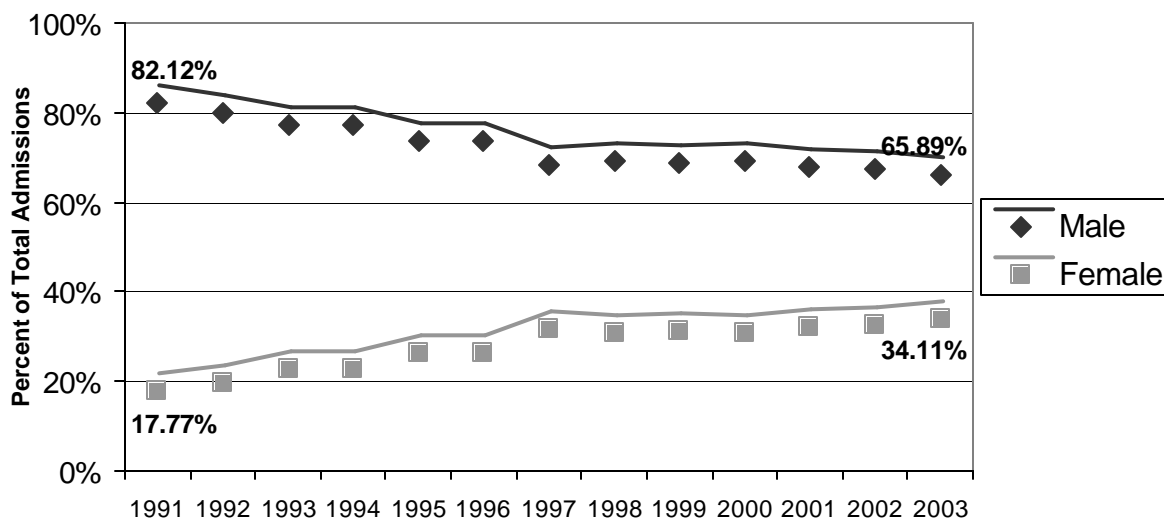
### Percent of Admissions

Bear River	75.57	24.43
Central Utah	58.79	41.21
Davis Behavioral Health	58.29	41.71
Four Corners	60.07	39.93
Northeastern	66.23	33.77
Salt Lake County	65.44	34.56
San Juan County	57.01	42.99
Southwest Center	58.78	41.22
Summit County (VMH)	70.56	29.44
Tooele County (VMH)	66.42	33.58
U of U Clinic	66.36	33.64
Utah County	62.44	37.56
Utah State Prison	84.79	15.21
Wasatch County	60.00	40.00
Weber Human Services	70.02	29.98
TOTAL	65.89	34.03

■ Male □ Female

Since 1991, there has been a large increase in the number of women who have entered treatment programs compared to men. There were 12,383 men admitted into treatment in 1991 compared to 13,140 in 2003; that is 757 more admissions or a 6% increase. For women over the same time frame, there were 2,679 women admitted in 1991 and 6,803 women admitted in 2003; this is an increase of 4,124 admissions **or a 154% increase**. With methamphetamine on the rise over the past few years, female admissions have increased.

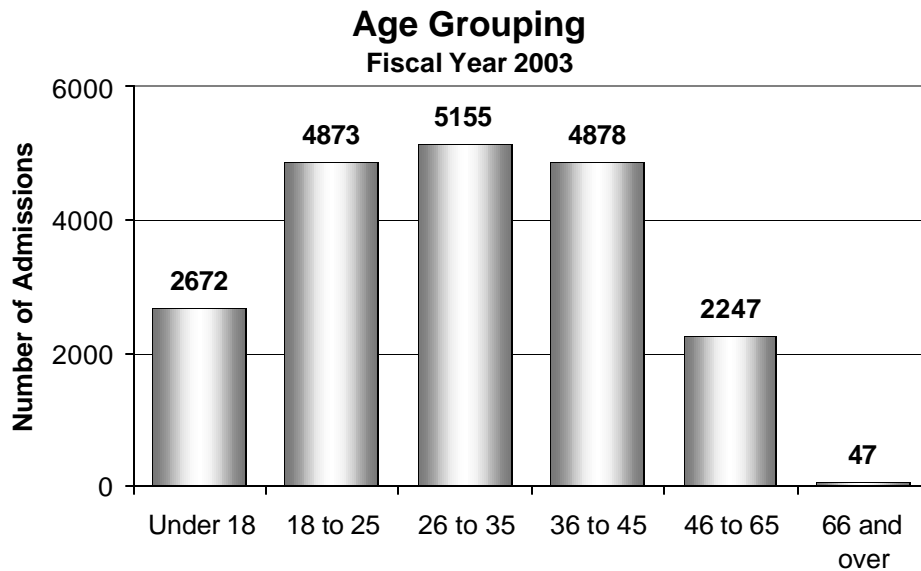
## Trends in Admission by Gender



# Age at Admission

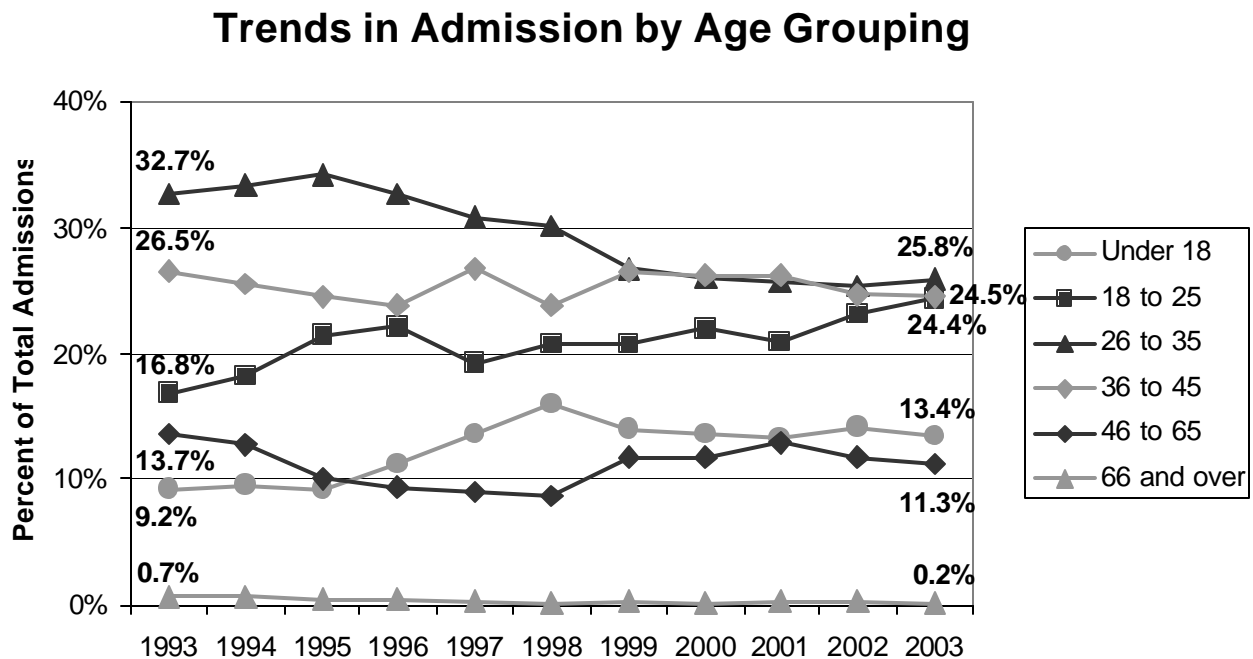


## Treatment



The graph to the left demonstrates the age at admission for patients entering treatment. Patients ages 26 to 35 comprised the largest age group in FY2003 (5,155). It is interesting to note, however, that the largest group of patients of the same age was the 17-year-old cohort that had 776 admissions. The average age of all patients admitted in FY2003 was 30 years.

As shown in the chart below, the average age of treatment patients has been gradually declining over the years. The under 18 age group has increased from 9.2% of the total treatment population in 1993 to 13.4% in 2003. The number of admissions for the 26 to 35 year old group has steadily decreased from 32.7% in 1993 to 25.8% in 2003. Also, the number of admissions in the 18 to 25 group has increased from 4,364 in 2000 to 4,873 in 2003, which is an 11.7% increase.







# Pregnant Women in Treatment

## Treatment

Pregnancy and prenatal care information is collected on all female patients entering treatment. This information is necessary to plan successful treatment strategies and minimize the chance of complications from prenatal drug and alcohol use, including premature birth and physical and mental impairments. The percentages of females pregnant at admission ranges from 0% in three areas to 9.53% in Utah County, with a State average of 4.81%, which is somewhat higher than the national average of 3.3%.

### Pregnancy at Admission Fiscal Year 2003

	Female Admissions	Number Pregnant at Admission	Percent Pregnant at Admission
Bear River	289	7	2.42%
Central Utah	136	0	0.00%
Davis Behavioral Health	581	unknown	unknown
Four Corners	222	2	0.90%
Northeastern	78	2	2.56%
Salt Lake County	3646	152	4.62%
San Juan County	46	3	6.52%
Southwest Center	277	11	3.97%
Summit County-VMH	73	0	0.00%
Tooele County-VMH	91	1	1.10%
U of U Clinic	74	2	2.70%
Utah County	640	61	9.53%
Utah State Prison	103	0	0.00%
Wasatch County	26	2	7.69%
Weber Human Services	518	39	7.53%
<b>Total:</b>	6800	282	4.81%

The table above shows the number of female admissions, the number of females pregnant at admission and the percent of females pregnant at admission. The table below shows services for pregnant women are found in all levels of care, including detoxification, with outpatient being the most widely used. Methamphetamine was the primary substance of abuse for 44.7% of admissions for pregnant women, compared to 37.8% in FY2002.

### Services Provided for Pregnant Women by Primary Substance of Abuse Fiscal Year 2003

Service Type	Methamphetamine as Primary Substance of Abuse					Alcohol and All Other Drugs as Primary Substances of Abuse			
	Under 18	18 to 25	26 to 35	36 to 45	46 to 65	Under 18	18 to 25	26 to 35	36 to 45
Detoxification	0.00%	2.48%	1.06%	0.00%	0.00%	0.40%	2.13%	3.19%	1.42%
Residential	0.35%	8.51%	4.96%	0.00%	0.00%	0.00%	2.48%	3.90%	0.35%
Intensive Outpatient	0.35%	5.32%	6.74%	0.40%	0.00%	0.00%	4.26%	3.55%	0.00%
Outpatient	0.71%	13.83%	4.96%	0.40%	0.35%	3.19%	12.41%	9.93%	3.19%
<b>Total:</b>	1.42%	30.14%	17.73%	0.81%	0.35%	3.19%	21.28%	20.57%	4.96%



# Patients with Dependent Children

## Treatment

### Patients with Dependent Children

Fiscal Year 2003

	Percent of Patients with Children	Average Number of Children (of Patients with Children)
Bear River	28.43%	2.26
Central Utah	30.09%	2.21
Davis Behavioral Health	42.07%	1.94
Four Corners	39.75%	2.48
Northeastern	Not Available	Not Available
Salt Lake County	31.38%	2.15
San Juan County	33.64%	2.69
Southwest Center	51.04%	2.36
Summit County (VMH)	25.31%	1.94
Tooele County (VMH)	34.69%	1.99
U of U Clinic	62.73%	2.17
Utah County	55.52%	2.46
Utah State Prison	25.26%	2.09
Wasatch County	64.62%	2.38
Weber Human Services	44.80%	2.15
<b>Total:</b>	36.33%	2.20

The table to the left shows the percentage of patients with dependent children and the average number of children in those households. Children with parents who abuse alcohol and/or other drugs are at a higher risk of developing substance abuse problems themselves. The percentage of adult patients with dependent children in Utah is 36.33%. The average number of dependent children per household with children is 2.2. Wasatch County has the highest percentage of patients with dependent children with 64.62%; San Juan County has the highest average number of children per household at 2.69.

The table to the right shows the percentage of women entering treatment who have dependent children and the average number of children for those households. The University of Utah Alcohol and Drug Abuse Clinic has the highest percentage of females with children at 78.38% and Utah County has the highest average number of dependent children per household at 2.68.

It is important to note that appropriate treatment can greatly impact families. Treatment providers in Utah address the entire family and provide services to children in households where parents or siblings are receiving treatment for drug or alcohol dependence.

### Women with Dependent Children

Fiscal Year 2003

	Percent of Women with Children	Average Number of Children (of Women with Children)
Bear River	41.18%	2.28
Central Utah	41.91%	2.28
Davis Behavioral Health	56.67%	1.87
Four Corners	51.80%	2.67
Northeastern	Not Available	Not Available
Salt Lake County	53.46%	2.18
San Juan County	43.48%	2.55
Southwest Center	63.18%	2.50
Summit County (VMH)	44.44%	1.88
Tooele County (VMH)	37.36%	2.09
U of U Clinic	78.38%	2.31
Utah County	73.44%	2.68
Utah State Prison	38.83%	2.13
Wasatch County	69.23%	2.50
Weber Human Services	58.25%	2.19
<b>Total:</b>	55.31%	2.22

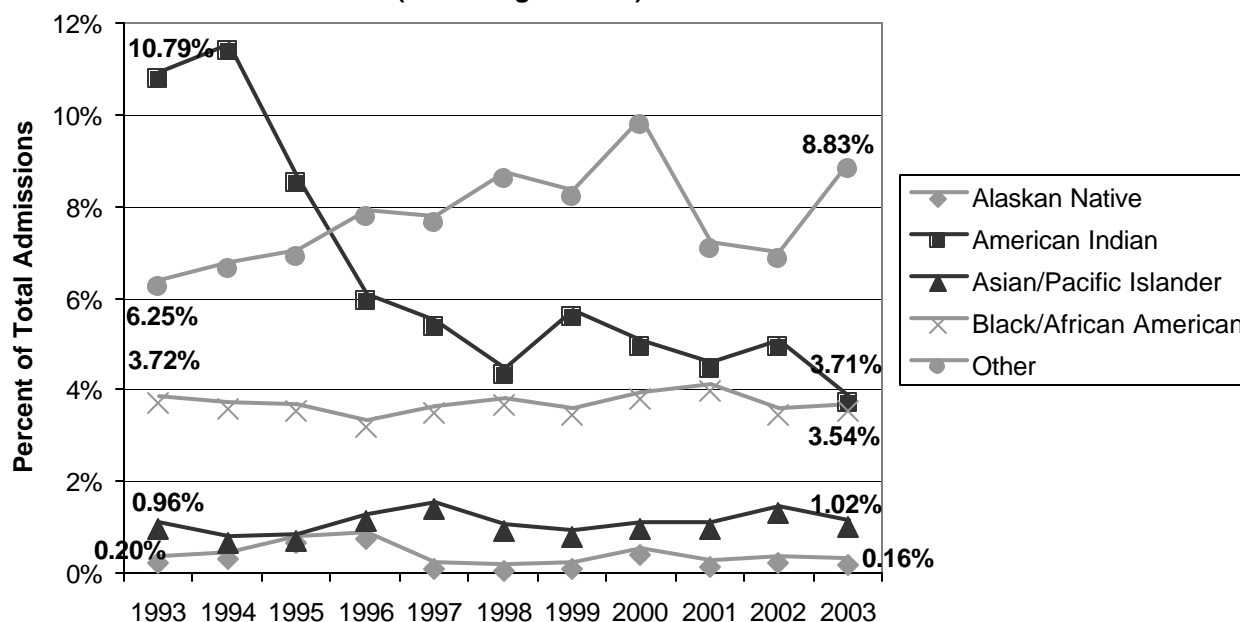


## Treatment

# Ethnicity and Race

The graph below reports the distribution of treatment admissions by race categories, excluding “white.” For the last 10 years, 76% to 82% have been “white,” including FY2003 (81.72%). The graph focuses on the rest of the population and depicts a steady decrease in the “American Indian” population, with a matched increase in the “Other” population, up through FY2000. The “Other” category showed a sharp decrease from FY2000 to FY2002 (9.8% to 6.9%), then jumped back up to 8.8% in FY2003. The “Other” racial category includes most individuals who report themselves in one of the Hispanic categories as seen in the “Ethnicity ” table below.

**Trends in Admission by Race**  
(Excluding "White")



**Race**  
Fiscal Year 2003

	Number	Percent
Alaskan Native	31	0.16%
American Indian	740	3.71%
Asian	78	0.39%
Pacific Islander	125	0.63%
Black/African American	705	3.54%
White	16,295	81.72%
Other	1,761	8.83%
Unknown	208	1.04%
Total	19,943	100.00%

**Ethnicity**  
Fiscal Year 2003

	Number	Percent
Puerto Rican	53	0.27%
Mexican	1,308	6.56%
Cuban	20	0.10%
Other Hispanic	912	4.57%
Not of Hispanic Origin	16,831	84.40%
Unknown	819	4.11%
Total	19,943	100.00%



# Multiple Drug Use

## Treatment

### Multiple Drug Use Fiscal Year 2003

	Number of Patients Reporting Multiple Drug Use at Admission	Percent of Total Admissions
Bear River	580	49.03%
Central Utah	175	53.03%
Davis County	951	67.93%
Four Corners	222	39.93%
Northeastern	121	52.38%
Salt Lake County	6,151	58.30%
San Juan County	37	34.58%
Southwest Center	423	62.95%
Summit County-VMH	69	27.82%
Tooele County-VMH	94	34.69%
U of U Clinic	170	77.27%
Utah County	1,564	91.78%
Utah State Prison	508	75.04%
Wasatch County	51	78.46%
Weber Human Services	942	54.51%
<b>Total:</b>	<b>12,058</b>	<b>60.46%</b>

The table on the left shows the percentage of patients entering treatment who report having problems with more than one substance. At admission, patients report their primary, secondary (if any) and tertiary (if any) drugs of abuse. Poly drug use at admission averages 60% for the State, compared to the national average of 56%. Multiple drug use puts the patient at higher risk of negative drug interactions, overdoses, and complications during the treatment process.

# Injecting Drug Use

### Patients Reporting Injecting Drug Use at Admission Fiscal Year 2003

This table shows the number of patients who report intravenous (IV) or non-IV injection (intramuscular or subcutaneous) as the primary route of administration for the substance that led to their need for treatment. The total for the State is 3,106. Salt Lake County has the highest number at 2,038, although the Utah State Prison has the highest percentage at 22%. Patients who inject drugs are more likely to have a drug addiction problem and are also at a higher risk of contracting HIV/AIDS, tuberculosis and hepatitis B and C.

Injecting drug users are a priority population to receive treatment, as required by the Federal Government.

	Patients Reporting Injecting Drug Use	Percent of Total Admissions
Bear River	54	4.56%
Central Utah	20	6.06%
Davis County	224	16.13%
Four Corners	31	5.58%
Northeastern	14	6.06%
Salt Lake County	2,038	19.32%
San Juan County	0	0.00%
Southwest Center	63	9.38%
Summit County-VMH	3	1.21%
Tooele County-VMH	8	2.95%
U of U Clinic	46	20.91%
Utah County	313	18.37%
Utah State Prison	153	22.06%
Wasatch County	6	9.23%
Weber Human Services	133	7.70%
<b>Total:</b>	<b>3,106</b>	<b>15.58%</b>



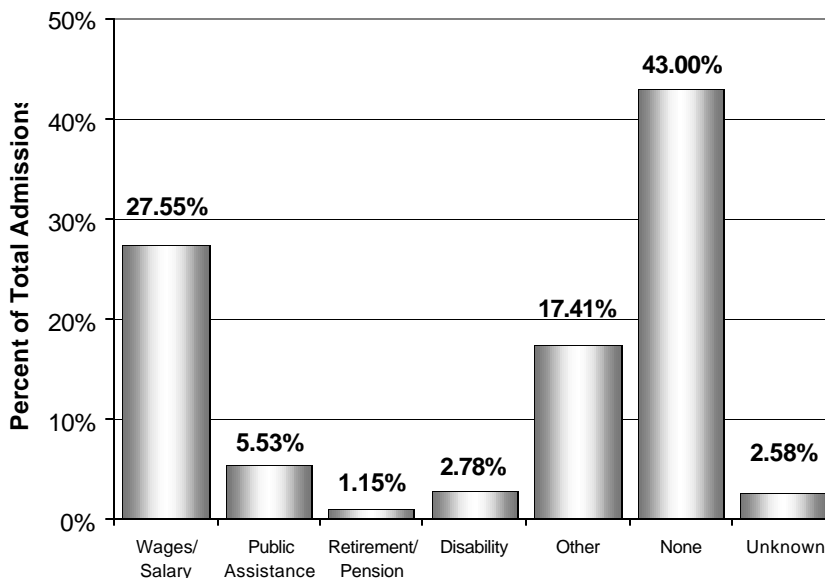
treatment

# Primary Source of Income and Education

As shown to the right, 27.55% of treatment patients statewide are earning the majority of their income through wages/salary, a slight decline from the previous fiscal year. Still, 43% of patients statewide report no source of income. The percentage of treatment patients on public assistance has increased from 3.42% in FY2001 to 5.53% in FY2003. Also, patients reporting no income increased from 30.63% in FY2000 to 43% in FY2003.

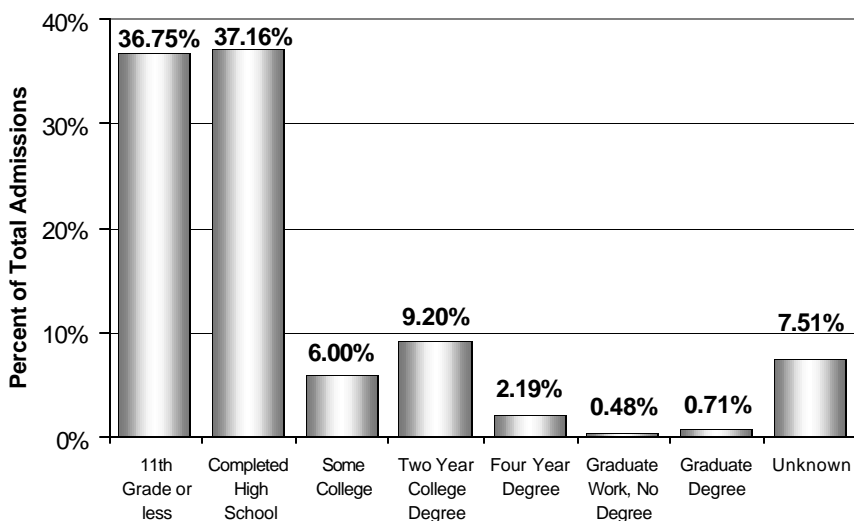
## Source of Income at Admission

Fiscal Year 2003



## Highest Education Level Completed

Fiscal Year 2003



In FY2003, 57.8% of treatment patients statewide completed at least high school, which included those clients who had attended some college or technical training, compared to 52% in FY2002. Additionally, 13.3% of the population had received some type of college degree prior to admission. Still, nearly 37% had not graduated from high school.

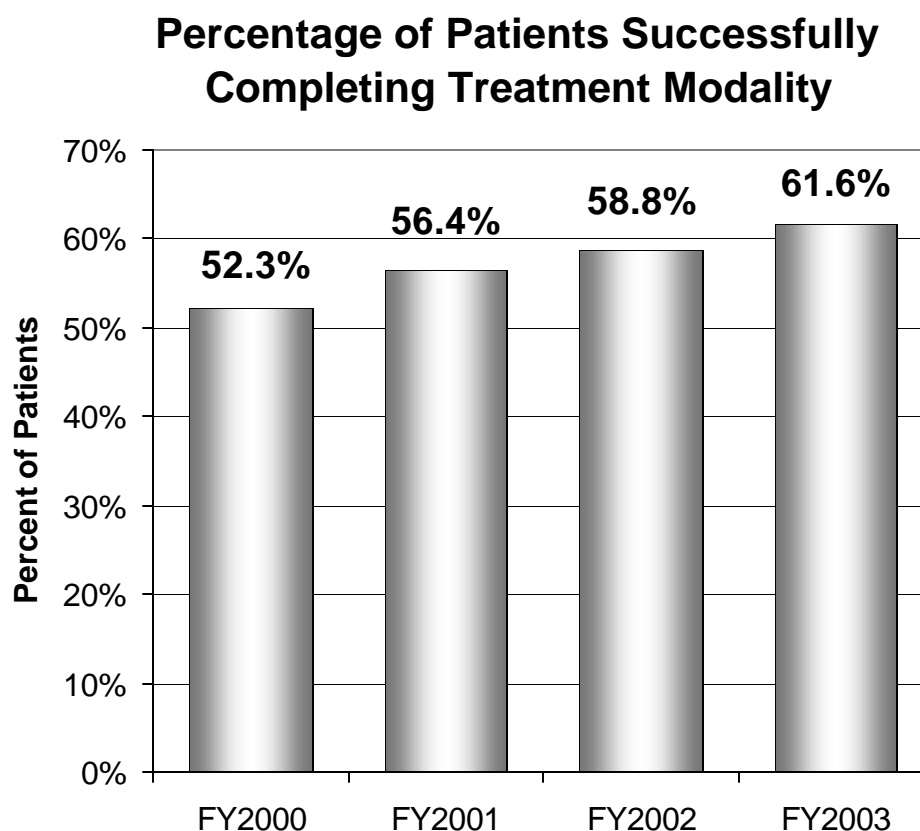


# Treatment Outcomes

## FY2003

The Division of Substance Abuse and Mental Health collected discharge data on over 18,000 patients who were discharged in FY2003. The analyses in this section include data for patients who were discharged successfully (they completed the objectives of their treatment plan), and for those patients who were discharged unsuccessfully (they left treatment against professional advice or were involuntarily discharged by the treatment provider because of non-compliance issues). The data in this section also include patients who have a discharge reason of transfer. The treatment modality is considered to be successful if a patient continues on in another modality. The data do not include patients who were admitted only for detoxification services or who were receiving treatment while they were incarcerated at the Utah State Prison.

The following graph depicts the percentage of patients discharged in FY2003 who successfully completed their modality of treatment. The rate of success has improved consistently since FY2000, with a rate of 61.6% in FY2003.



When patients are admitted into substance abuse treatment, they complete a comprehensive assessment. This assessment collects the information necessary for determining how to best treat the individual problems that are associated with the patient's addiction. When a patient is discharged from a treatment program, certain aspects of the patient's life are again assessed in order to measure the progress the patient has made in those areas. The following pages present outcome statistics for criminal activity, alcohol and drug use, living arrangement, and employment.

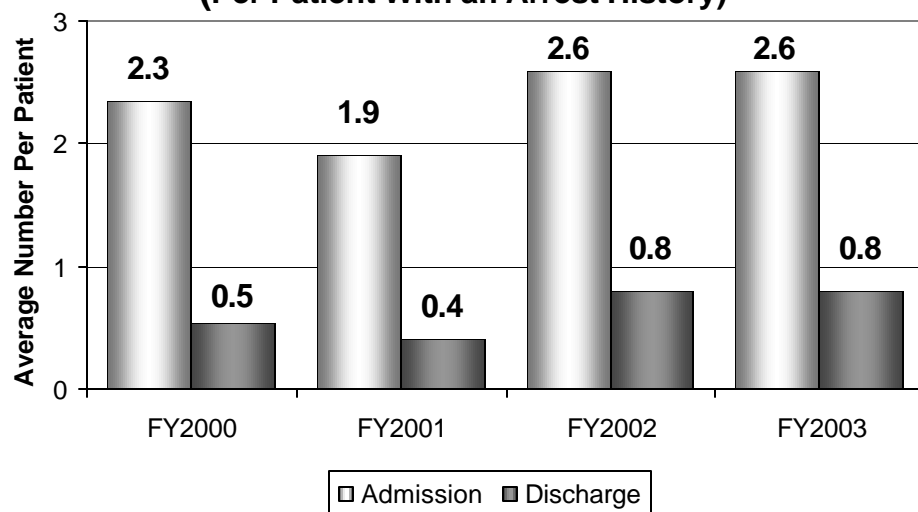


# Criminal Activity

treatment

During the six months prior to being admitted to treatment services, patients reporting arrests had been arrested an average of 2.6 times. Upon assessment at discharge, very few patients had been arrested again after they entered treatment.

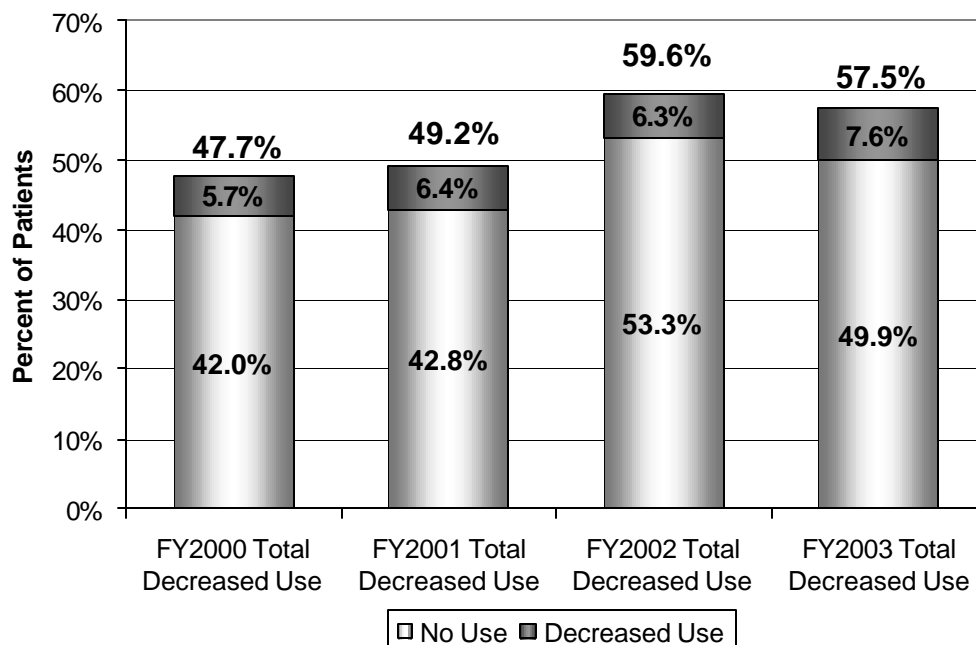
**Decrease in Average Number of Arrests  
(Per Patient With an Arrest History)**



## Alcohol and Other Drug Use

The following chart provides information about the substance use patterns of patients in the 30 days prior to entering treatment and again in the 30 days prior to being discharged from treatment. As expected, a large majority of patients entering treatment had been using alcohol or other drugs quite frequently; many of them were using on a daily basis. In FY2003 49.9% reported no 30-day use of their primary substances at discharge. An additional 7.6% reduced their use of alcohol and drugs for a total of 57.5% of patients reporting reduced use.

**Abstinence and Decrease in Use of Alcohol  
or Other Drugs at Discharge**



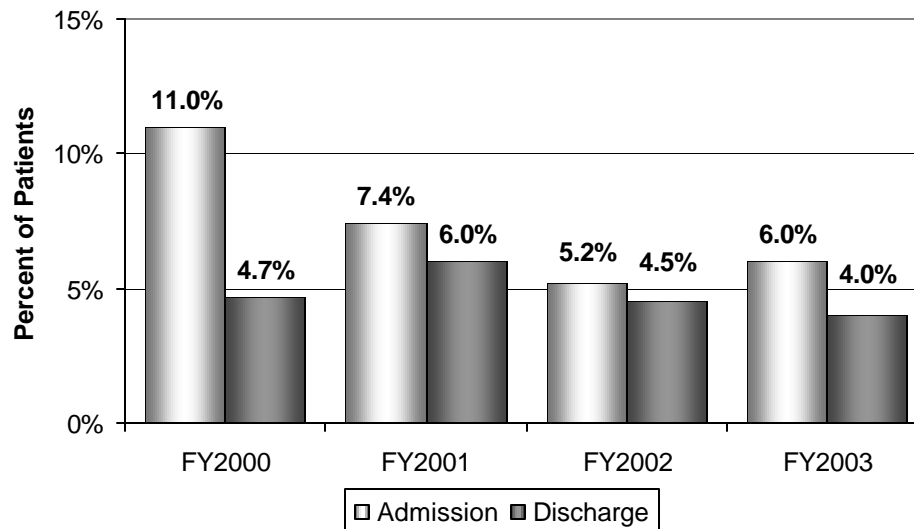


# Stability of Patient

## Treatment

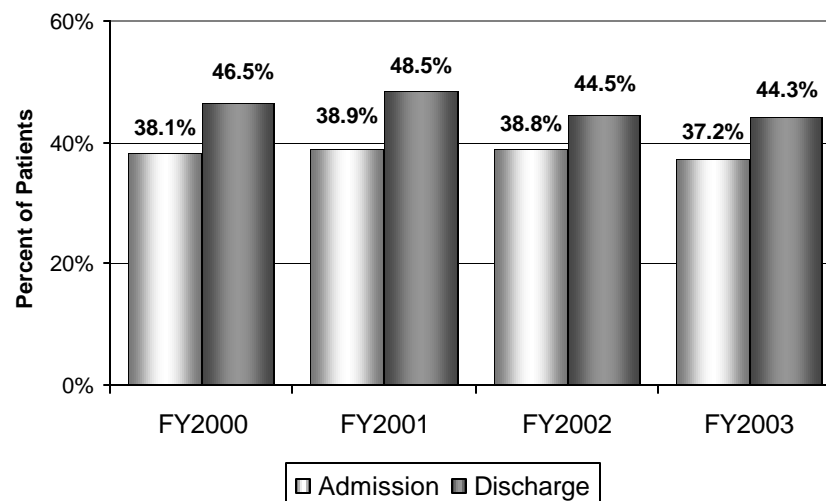
As shown in the chart below, 6% of patients entering substance abuse treatment in FY2003 were homeless. Because a stable living environment is a critical element in achieving long-term successful results from substance abuse treatment, the treatment providers across Utah work very hard to assist patients in establishing a more stable living situation. Statistics show that treatment is an important factor in helping the substance abusing population enter more stable living environments.

### Percentage of Homeless Patients



The employment status of a patient struggling with a substance abuse or dependence problem is also a key ingredient in the successful recovery from this problem. For this reason, the improvement of patients from admission to discharge is also tracked in this area. Of those patients discharged in FY 2003, 37.2% were employed at admission and 44.3% were employed at discharge.

### Percentage of Patients Employed





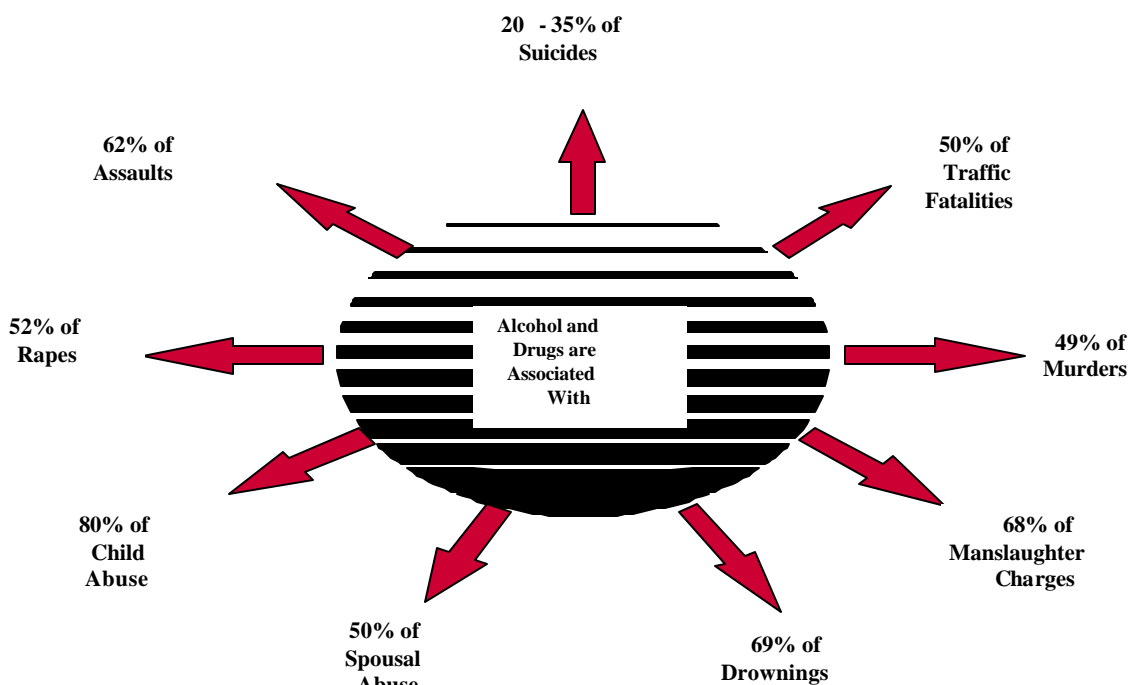


# **Criminal Justice**

# Utah's Criminal Justice Population

It has long been acknowledged that substance use and abuse contributes to, if not drives, criminal activity. Most criminal offenders have a drug or alcohol problem, The Utah Department of Corrections has determined that approximately 75% of inmates within the state's correctional institutions are drug or alcohol involved. The chart below illustrates the impact substance abuse has on the criminal justice system.

## Societal Impact of Substance Abuse



Since merely locking offenders up does little to reduce the risk of recidivism, treatment services are provided within the prisons. However, the Utah Department of Corrections estimates that only about 1/3 of those who need services are able to access treatment. Unfortunately, 67% of inmates return to prison within three years of being released.

Substance abuse treatment reduces the likelihood of offenders being re-arrested. Substance abuse treatment services should address the individualized needs of the offender, and a wide variety of programs and services have been developed in Utah. This section of the report will focus on Drug Courts, Drug Boards, and the CIAO program.

## Drug Courts in Utah

Judicially monitored substance abuse treatment has proven to be an effective method of addressing substance abuse and crime. Drug courts are based on an understanding that substance abuse is a chronic, progressive, relapsing disorder that can be successfully treated. Nationally and locally, there is a large body of research that suggests drug courts reduce substance abuse and decrease recidivism.

Drug Courts in Utah operate on a combination of local, state and federal funding. Seventeen programs receive funds from the Tobacco Settlement Account. Twenty six drug court programs are operating in Utah and at least five additional programs are planned. Every judicial district has at least one drug court. Close to 1,000 Utahns are actively participating in substance abuse treatment provided by a drug court program on any given day. In the last five years, almost 3,500 participants have received services from these programs.

Drug Courts require close collaboration among the judiciary, treatment community, and law enforcement. In addition to treatment services, drug courts provide intensive case management and participants are required to submit to frequent, random drug tests. Non-adversarial court hearings are held on a weekly or semi-weekly basis to monitor program compliance. During these hearings, the judge or hearing officer imposes sanctions or rewards congruent with participant performance.

Four distinct drug court models are being used in Utah: Felony, Dependency, Juvenile and Dual-Model programs. The following chart shows the services provided by each Drug Court model:

<b>Drug Court Service Report State Fiscal Year 2003</b>					
	<b>Dependency</b>	<b>Felony</b>	<b>Juvenile</b>	<b>Dual Model</b>	<b>Total</b>
<b>Caseload</b>					
Number of participants admitted to program in SFY 2003	151	566	190	16	923
Number of participants receiving treatment services as of Julv 1, 2003	129	621	95	17	862
<b>Treatment Modality</b>					
% of participants initially placed in outpatient treatment in SFY 2003	35%	34%	53%	0%	43%
% of participants initially placed in intensive outpatient treatment in SFY 2003	51%	64%	47%	100%	63%
% of participants initially placed in residential treatment in SFY 2003	15%	2%	0%	0%	4%
<b>Discharge</b>					
Number of participants unsuccessfully discharged in SFY 2003	58	221	18	2	299
Number of participants successfully discharged in SFY 2003	93	326	85	7	511
<b>Percent of participants successfully discharged In SFY 2003</b>	<b>38%</b>	<b>60%</b>	<b>83%</b>	<b>83%</b>	<b>63%</b>
Number of participants successfully discharged since program's inception	114	1008	728	20	1870
Number of participants unsuccessfully discharged since program's inception	157	606	155	5	923
<b>Percent of participants successfully discharged since inception</b>	<b>42%</b>	<b>62%</b>	<b>82%</b>	<b>82%</b>	<b>67%</b>

### **Davis / Weber Drug Board**

The main goals of the Davis / Weber Drug Board program are to protect public safety, decrease drug –related crime, and provide effective treatment services to those in need. The program accepts parolees from the State prison system who are in need of substance abuse treatment. Parolees in jeopardy of returning to prison due to use of illicit substances are also eligible for this program.

All of the Drug Board participants have served time in prison. Many experts in the substance abuse treatment and criminal justice systems believe that this population is the most difficult to treat. The average



## Criminal Justice

participant has been arrested sixteen times in his or her lifetime. Furthermore, most researchers would agree the parolees are the individuals with the longest criminal histories and the most likely to recidivate.

In Utah, the Board of Pardons and Parole (BOPP) has jurisdiction over parolees. Drug Board participants appear before a BOPP hearing officer every week in the beginning of the program. In addition, Adult Probation & Parole Field Agents conduct home visits and provide case management services. Participants are also required to engage in substance abuse treatment and submit to random urinalysis. Weber Human Services and Davis Behavioral Health provide a full continuum of treatment services; therapy groups focus not only on substance abuse, but also on criminal thinking errors and relapse prevention.

The following chart provides additional information about the Weber / Davis Drug Board:

Drug Board Report State Fiscal Year 2003			
	Davis County Drug Board	Weber County Drug Board	Total
CASELOAD			
Number of participants admitted to program in SFY 2003	24	40	64
Number of participants receiving treatment services as of July 1, 2003	22	40	62
TREATMENT SERVICES			
% of participants initially placed in outpatient treatment in SFY 2003	100%	21%	40%
% of participants initially placed in intensive outpatient treatment in SFY 2003	0%	33%	60%
% of participants initially placed in residential treatment in SFY 2003	0%	46%	0%
DISCHARGE			
Number of participants unsuccessfully discharged in SFY 2003	11	30	1
Number of participants successfully discharged in SFY 2003	7	12	5
Percent of participants successfully discharged In SFY 2003	39%	29%	83%
Number of participants successfully discharged since program's inception	8	18	9
Number of participants unsuccessfully discharged since program's inception	27	54	1
Percent of participants successfully discharged since inception	23%	25%	90%

### Collaborative Interventions for Substance Abusing Offenders (CIAO)

Release from prison presents offenders with a difficult transition. Upon release, offenders often have no place to live, no job, and no family or social supports. They often lack the knowledge and skills to access community resources. All of these factors increase the likelihood of relapse and recidivism.

For treatment to be effective, the transition from prison to the community should be seamless. Treatment should begin in the prison and then continue once an offender returns to the community. This takes a high level of system collaboration and service integration. Corrections and the local substance abuse authority system must reach beyond traditional roles and boundaries to broker services across systems, share information, and facilitate the treatment process.

CIAO is a partnership between the Utah Department of Corrections and the Division of Substance Abuse and Mental Health. The program targets parolees and probationers with serious substance abuse issues. In the last three years, CIAO has created an assessment-driven linkage between institutional treatment, transition, community treatment and aftercare for substance abusing offenders. Assessment-driven, substance abuse treatment services offered by CIAO include:

- ? Initial screening with the Substance Abuse Subtle Screening Inventory (SASSI)
- ? A comprehensive assessment with the Addiction Severity Index (ASI)
- ? Identification of risks and needs with the Level of Supervision Inventory (LSI)
- ? Creation and implementation of an individualized treatment plan
- ? Transitional services
- ? A full continuum of treatment services, based on the American Society of Addiction Medicine Levels of Care: outpatient (ASAM Level I); intensive outpatient (ASAM Level II.1); low intensity residential (ASAM Level III.1); social detoxification (ASAM Level III.2-D); and medium intensity residential (ASAM Level III.3)
- ? Aftercare and tracking
- ? Regular drug testing and monitoring
- ? Collection of outcome data on all CIAO participants

Offenders from prison residential substance abuse treatment programs, and probationers and parolees in the community are assessed and referred to appropriate community treatment programs. The Substance Abuse Subtle Screening Inventory is used as a screening tool. The Addiction Severity Index (ASI) is used for assessments. The American Society of Addiction Medicine Patient Placement and continuing care criteria is used to determine the appropriate program placement.

To participate in CIAO, offenders must meet the following requirements:

- ? Criminal activity is directly related to a substance abuse/dependency problem.
- ? Offenders with a conviction for a crime of violence or sex offense are not eligible.
- ? Offenders with severe mental illness are not eligible.
- ? Offenders with multiple or major disruptions in prior substance abuse treatment episodes are not eligible.

The following chart shows the total number of CIAO clients participating in treatment services and the area service goals established by the CIAO program:

LSAA	FY 03 GOAL	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
Salt Lake	70	54	84	134	116
Utah County	25	41	30	30	28
Weber County	30	6	8	18	36
Davis County	18	16	15	18	12
Central Utah	10	12	14	16	12
Four Corners	7	7	5	8	6
San Juan	2	1	2	2	2
Bear River	7	15	22	30	22
Tooele	2	1	3	5	6
Wasatch	2	0	0	0	1
Summit	2	0	0	4	1
Northeastern	7	1	7	8	6
Southwest	8	12	8	8	4
<b>TOTAL</b>	<b>190</b>	<b>157</b>	<b>198</b>	<b>281</b>	<b>252</b>



The following chart was compiled from the Treatment Episode Data Set (TEDS) system:

CIAO TREATMENT EPISODES OUTCOME DATA			
Successful completion of treatment modality			
Sucessful	60%		
Unsuccessful	40%		
Total	100%		
Change in frequency of use			
No change	58%		
Increased use	1%		
Decreased use	40%		
Total	100%		
Employment status			
Percent employed full time	Admission	Discharge	Difference
Percent employed part time	15%	18%	3%
Student	12%	15%	3%
	0%	0%	0%
Living arrangements			
Homeless	Admission	Discharge	Difference
Dependent	1.50%	1.50%	0.00%
Independent	51.60%	49.90%	1.70%
	46.80%	48.60%	1.80%



ADAM (Arrestee Drug Abuse Monitoring) is a research program funded by the National Institute of Justice. The study measures the extent of drug use in the high-risk population of people who have been arrested and booked into jails. ADAM provides planning and policy information on drug and alcohol use, treatment and criminal justice history, and other characteristics of arrestees in 36 U.S. cities and 8 international cities. The ADAM study consists of two components: an interview administered by a trained and certified interviewer to an arrestee in a booking facility, and a urine sample from the respondent to test for recent drug use.

In 2002, the Salt Lake City ADAM site interviewed 872 adult male and female arrestees at the Salt Lake County Metro Jail. Respondents were interviewed within 48 hours of their arrest and subsequent booking. The following data were compiled from these interviews and urinalysis results:

- ? 58.2% of adult males tested positive for at least one illicit substance, not including alcohol.
- ? 73.7% of adult females tested positive for at least one illicit substance, not including alcohol.

As shown below, the jail population has a high need for treatment:

- ? 40% of males and 59% of females are at risk of abuse or dependence on drugs.
- ? 30% of males and 21% of females are at risk of abuse or dependence on alcohol.

### **Percent of Arrestees Testing Positive for Illicit Drugs**

Urinalysis Results, 2002

<b>DRUG</b>	<b>MALES</b>	<b>FEMALES</b>
Any Drug	58.2%	73.7%
Marijuana	33.7%	25.4%
Methamphetamine	22.8%	37.7%
Cocaine	18.5%	30.7%
Opiates	7.3%	16.7%
Multiple Drugs	20.6%	31.6%

- ? SLC females and males ranked 4<sup>th</sup> and 6<sup>th</sup> highest in the nation, respectively, for arrestees testing positive for Methamphetamine.
- ? SLC females and males ranked 3<sup>rd</sup> and 12<sup>th</sup> highest in the nation, respectively, for arrestees testing positive for Opiates.
- ? For those respondents who had used illicit drugs in the past year, 15% of males and 19.7% of females had injected drugs.



# Local Substance Abuse Authorities





# **Bear River Health Department**

## **(Box Elder, Cache, and Rich Counties)**

The Bear River Health Department formed the Northern Utah Substance Abuse Prevention Team (NUSAPT) in August 2001 after the Utah Division of Substance Abuse and Mental Health was awarded a grant targeting the prevention of substance abuse among youths age 12-17. NUSAPT is a collaboration of approximately 25 community members in Cache County and 15 community members in Box Elder County. Together these agencies assisted in the completion of a seven-step planning process.

The results of surveys and assessments identified early initiation of problem behavior, laws and norms favorable to substance abuse, and family conflict as priority risk factors for our community. A survey was then conducted of existing resources that were identified as reducing the risk factors and increasing protective factors in the community.

Programs chosen to be implemented through NUSAPT in the first year included education and enforcement efforts among alcohol retailers, school-based education, the implementation of a worksite parenting program, and the implementation of a program for adjudicated youth and parents to attend.

Funding from NUSAPT enabled compliance checks at alcohol retailers to increase to four a year. NUSAPT funding also covered the development and posting of signs at most retail outlets informing customers of alcohol laws. There has also been an increase in education for employees of retail outlets about alcohol sales laws. These classes will be available to all stores in Box Elder, Cache, and Rich Counties. A worksite parenting program will be available to interested businesses in Box Elder and Cache Counties. The effectiveness of the programs will be determined through evaluations conducted by external evaluators.

The Department has met regularly in Box Elder and Cache County since August 2001. These advisory groups have completed the seven-step planning process required by the SICA Grant and have begun implementing best practice programs. The priority risk factors identified for Box Elder are Low Neighborhood Attachment, Availability of Drugs, Family Conflict, and Laws & Norms Favorable to Drug Use. The priority risk factors identified for Cache are Laws & Norms Favorable to Drug Use, Early Initiation of Problem Behavior and Family Conflict. *Project Success*, *Strengthening Families*, *NICASA*, and *Retailer Directed Interventions* are the programs/strategies currently being implemented to address these risk factors. The NUSAPT continues to address gaps in existing services that reduce the priority risk factors related to substance abuse and violence prevention.

### **A Program Just For Women**

The Women's Program deals with issues specific to women as they enter a recovery process from chemical abuse and/or dependency. The Women's Program is multifaceted, integrating community services into treatment where specific needs are defined. Pregnant and parenting women, for example, are offered assistance with accessing medical and prenatal care, the Baby Your Baby program, WIC, immunizations, medical and developmental services for their children, parenting classes, childcare while mothers are in treatment, respite care for mothers in crisis, transportation, and employment assistance.

Our gender specific model addresses the sixteen areas identified by the Center for Substance Abuse Treatment as "best practices" for women engaged in addictive patterns including guilt, shame, self-acceptance, relationships, parenting, violence, and vocational/economic issues. The gender specific model utilizes



a theory of addiction, a theory of women's psychological development, and a theory of dysfunction and trauma. Our outpatient services for women include individual and group therapy, with access to more intensive services as needed.

## El Programa Espanol

The Spanish Program was established in an effort to provide Spanish speaking clients with the same treatment that English speaking clients receive. The translation process has been steadily progressing. All the intake materials, including confidentiality forms, statements of client rights and responsibilities, and payment agreements, have been translated into Spanish. As far as treatment curriculum, we are currently revamping the English materials. When those are completed, they will also be translated into Spanish.

One glitch in the intake process is that there is not a Spanish assessment yet from the State Division of Substance Abuse and Mental Health. The Spanish Driving Under the Influence of Alcohol or Drugs (DUI) education provided by Prime for Life is working well and we are continuously requesting comparable material from them for a Spanish Minor in Possession of Alcohol (MIP) class.

## Bear River Profile

Age	Number	Percent
Under 18	146	12.3%
18 to 25	562	47.5%
26 to 35	242	20.5%
36 to 45	153	12.9%
46 to 65	70	5.9%
66 and over	9	5.9%
Ethnicity		
Puerto Rican	0	0.0%
Mexican	93	7.9%
Cuban	0	0.0%
Other Hispanic	0	0.0%
Not of Hispanic Origin	1090	92.1%
Unknown	0	0.0%
Income		
Wages/Salary	828	70.0%
Public Assistance	58	4.9%
Retirement/Pension	16	1.4%
Disability	19	1.6%
Other	116	9.8%
None	126	10.7%
Unknown	20	1.7%

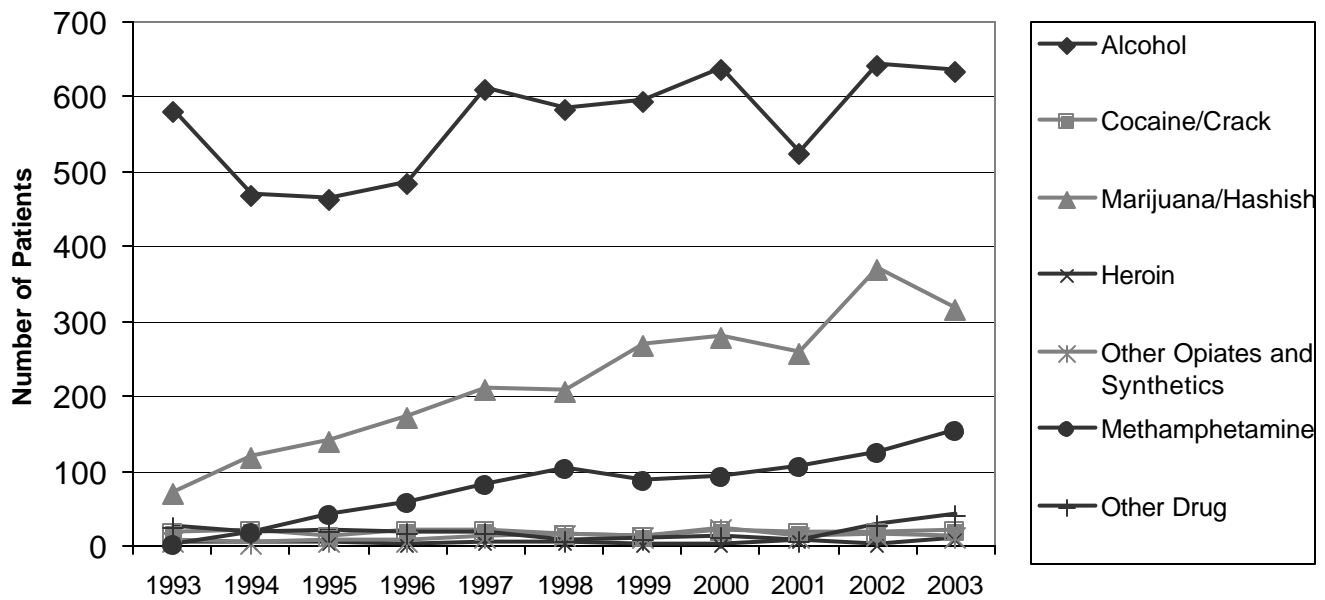
Race	Number	Percent
Alaskan Native	0	0.0%
American Indian	20	1.7%
Asian	0	0.0%
Pacific Islander	13	1.1%
Black/African American	23	1.9%
White	1019	86.1%
Other	101	8.5%
Unknown	7	0.6%
Highest Education Level Completed		
11th Grade or Less	407	34.4%
Completed High School	574	48.5%
Some College	59	5.0%
Two Year College Degree	92	7.8%
Four Year Degree	28	2.4%
Graduate Work, No Degree	5	0.4%
Graduate Degree	14	1.2%
Unknown	4	0.3%

## Service Types

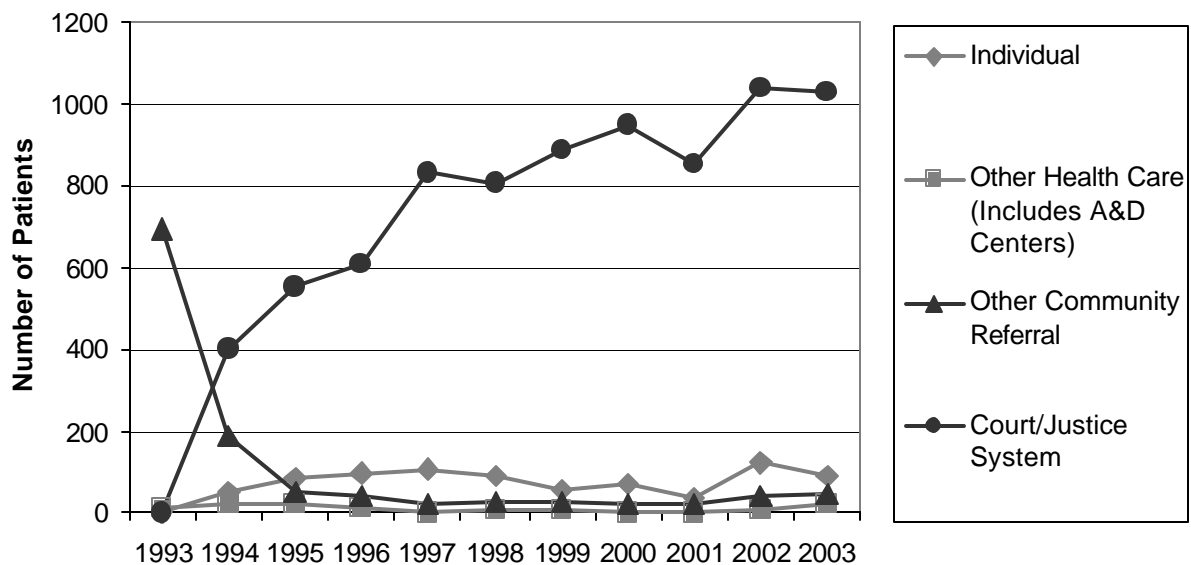
	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Detoxification	0	0	1	0	4	0	1	1	0	0	3	13
Residential Short Term	0	0	0	0	1	0	0	0	0	0	0	1
Residential Long Term	0	0	1	0	0	0	0	0	0	0	1	0
Intensive Outpatient	53	40	18	30	0	0	0	0	0	0	18	57
Outpatient	808	666	635	679	748	963	928	977	1427	928	1182	1112
<b>Totals:</b>	<b>861</b>	<b>706</b>	<b>655</b>	<b>709</b>	<b>753</b>	<b>963</b>	<b>929</b>	<b>978</b>	<b>1427</b>	<b>928</b>	<b>1204</b>	<b>1183</b>



## Primary Substance of Abuse



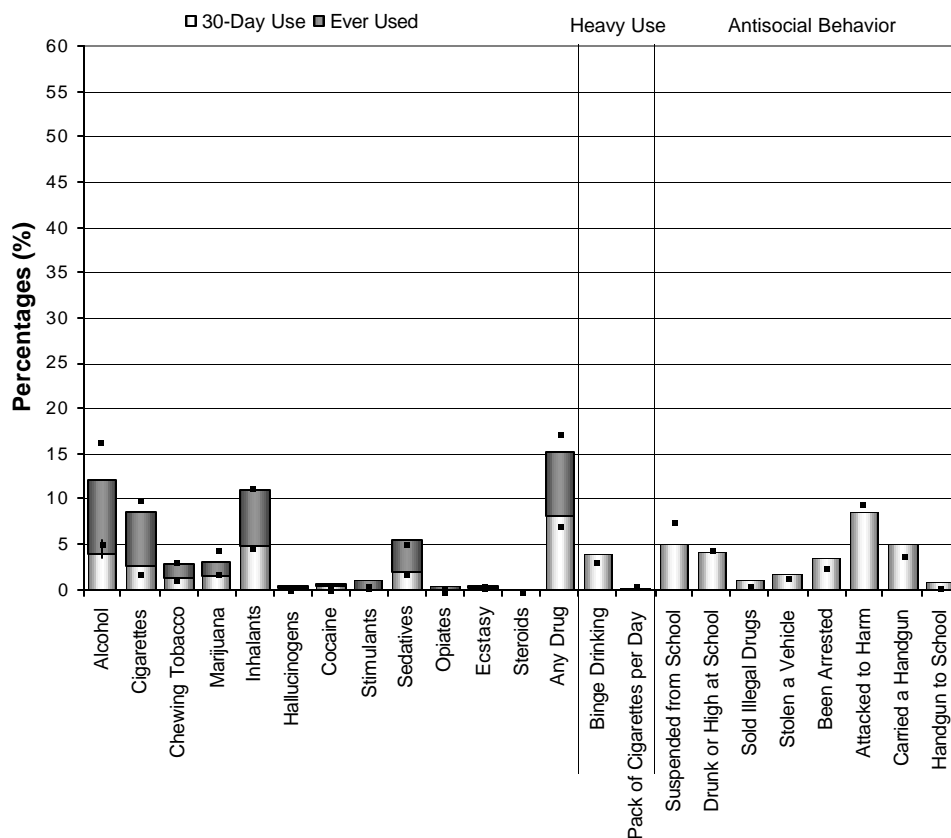
## Referral Source by Year





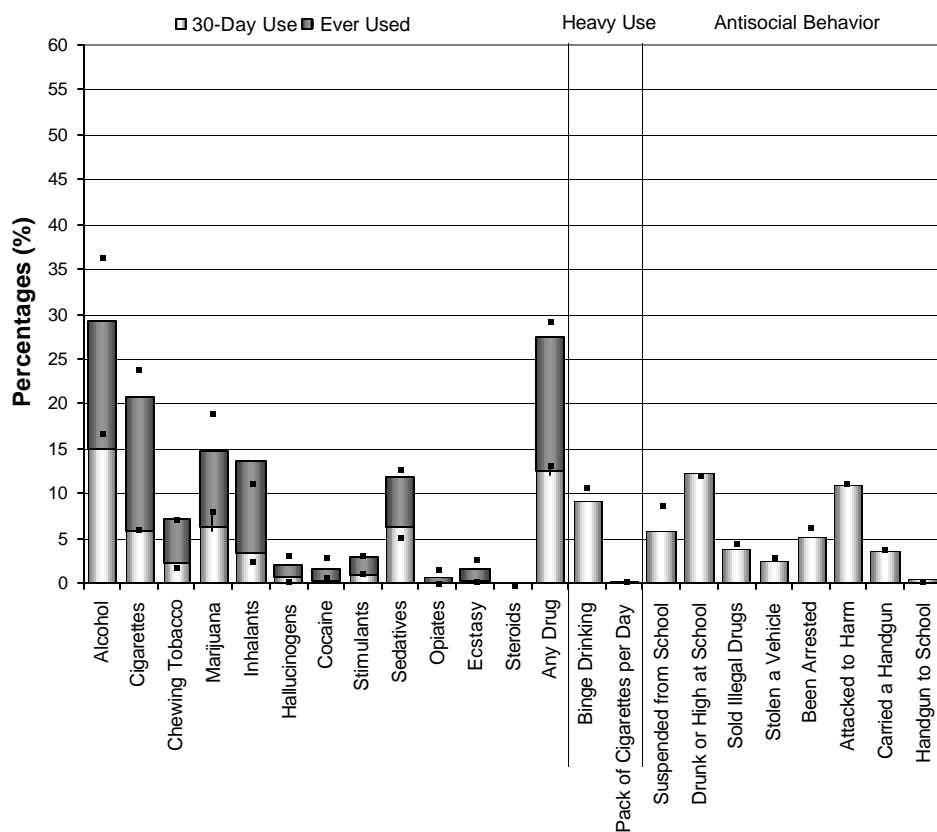
## ATOD Use and Antisocial Behavior

2003 Student Survey, Middle School



## ATOD Use and Antisocial Behavior

2003 Student Survey, High School





# Central Utah Counseling Center

## (Juab, Millard, Piute, Sanpete, Sevier, and Wayne Counties)

### Prevention

Risk Factors: Early Initiation of Problem Behavior, Early and Persistent Anti-social Behavior.

Program to address these risk factors: *Mentoring/Big Brothers Big Sisters (BBBS)*.

Central Utah Counseling Center, in cooperation with other agencies represented on the SICA Advisory Board, is establishing a satellite office of *Big Brothers Big Sisters* of Utah in Ephraim, Sanpete County. We are establishing a site-based *BBBS* program through the alternative high school “after-school program.” Mentors and youth participants are currently being identified. Staff is being trained and will subsequently complete the screening and training of mentors as well as family members of participants. A staff member fluent in Spanish will aid in encouraging participation of non-English speaking minorities. Both *BBBS* of Utah and Central Utah Counseling are hopeful that a successful program in Sanpete County can then be used as a model to establish *BBBS* services throughout Six-County and other outlying areas of the state.

### Central Profile

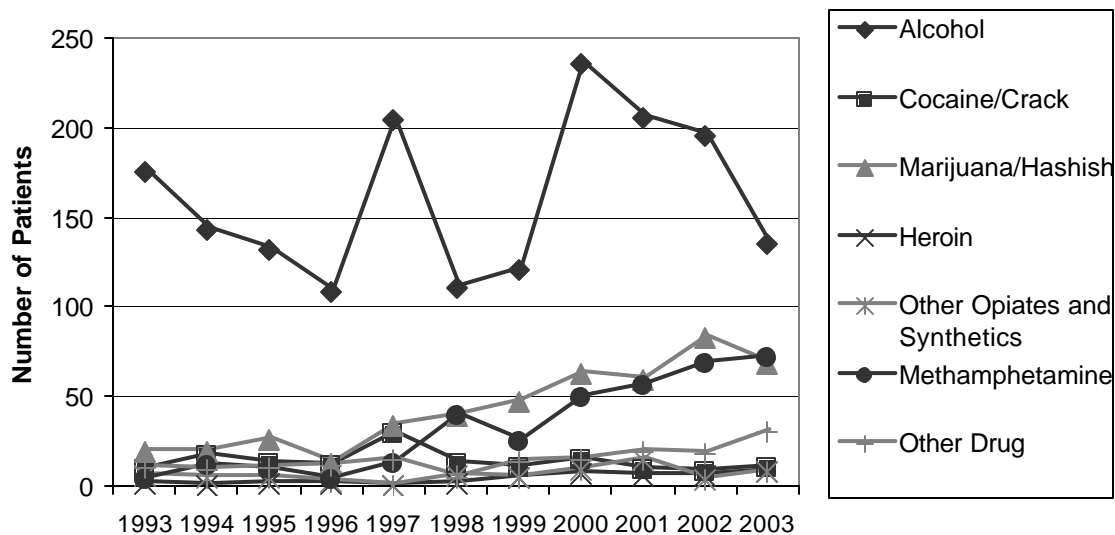
Age	Number	Percent
Under 18	46	13.9%
18 to 25	106	32.1%
26 to 35	74	22.4%
36 to 45	61	18.5%
46 to 65	40	12.1%
66 and over	2	0.6%
Ethnicity		
Puerto Rican	0	0.0%
Mexican	7	2.1%
Cuban	0	0.0%
Other Hispanic	2	0.6%
Not of Hispanic Origin	321	97.3%
Unknown	0	0.0%
Income		
Wages/Salary	188	57.0%
Public Assistance	42	12.7%
Retirement/Pension	8	2.4%
Disability	14	4.2%
Other	8	2.4%
None	70	21.2%
Unknown	0	0.0%

Race	Number	Percent
Alaskan Native	1	0.3%
American Indian	3	0.9%
Asian	0	0.0%
Pacific Islander	2	0.6%
Black/African American	2	0.6%
White	318	96.4%
Other	3	0.9%
Unknown	1	0.3%
Highest Education Level Completed		
11th Grade or Less	146	44.2%
Completed High School	130	39.4%
Some College	17	5.2%
Two Year College Degree	26	7.9%
Four Year Degree	4	1.2%
Graduate Work, No Degree	2	0.6%
Graduate Degree	5	1.5%
Unknown	0	0.0%

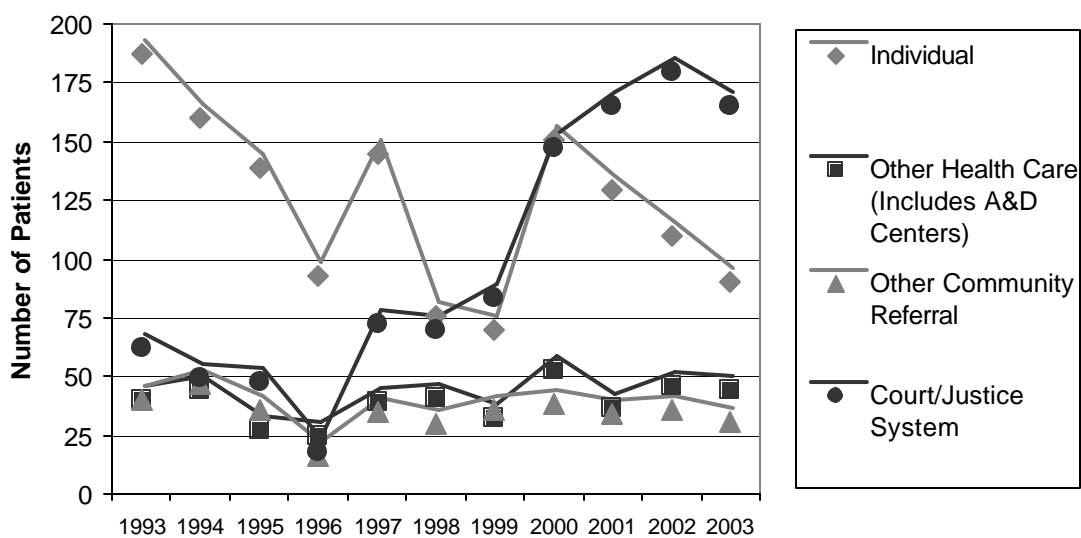
### Service Types

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Detoxification	1	1	3	0	2	1	0	0	0	2	0	2
Residential Short Term	0	0	0	0	0	0	0	0	20	17	8	12
Residential Long Term	0	0	0	0	0	2	0	1	11	11	5	0
Intensive Outpatient	2	2	3	1	3	0	0	0	5	3	3	0
Outpatient	307	331	295	249	148	297	216	232	355	337	366	316
<b>Totals:</b>	<b>310</b>	<b>334</b>	<b>301</b>	<b>250</b>	<b>153</b>	<b>300</b>	<b>216</b>	<b>233</b>	<b>391</b>	<b>370</b>	<b>382</b>	<b>330</b>

## Primary Substance of Abuse

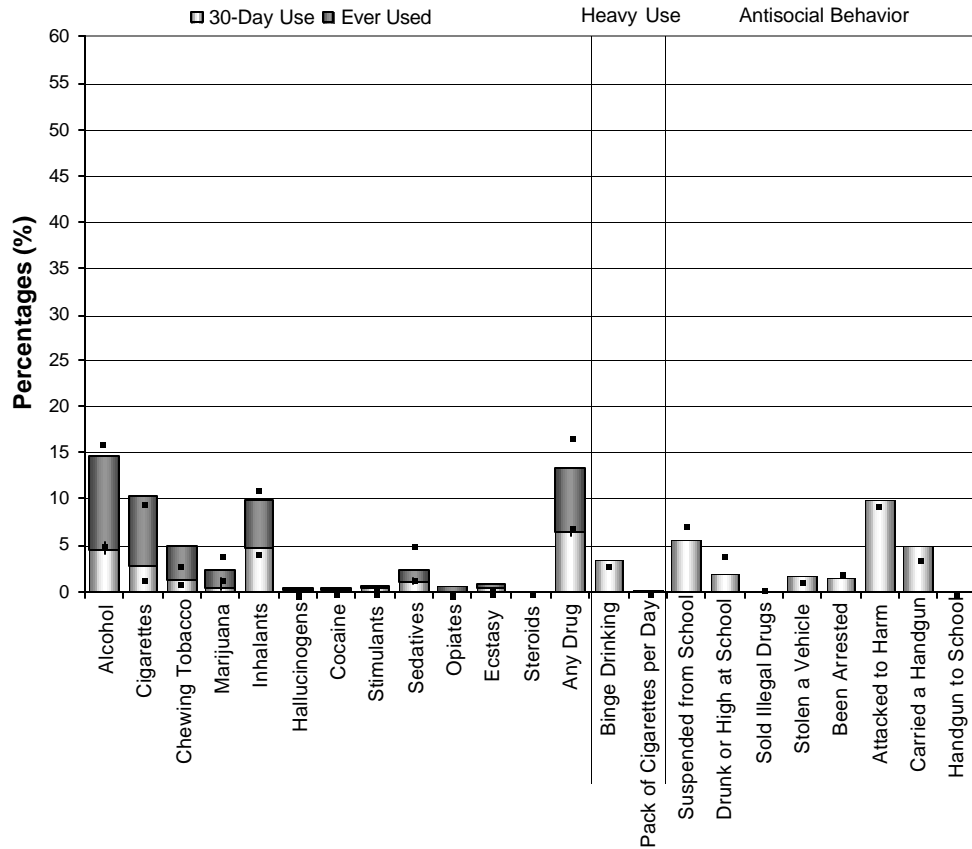


## Referral Source by Year



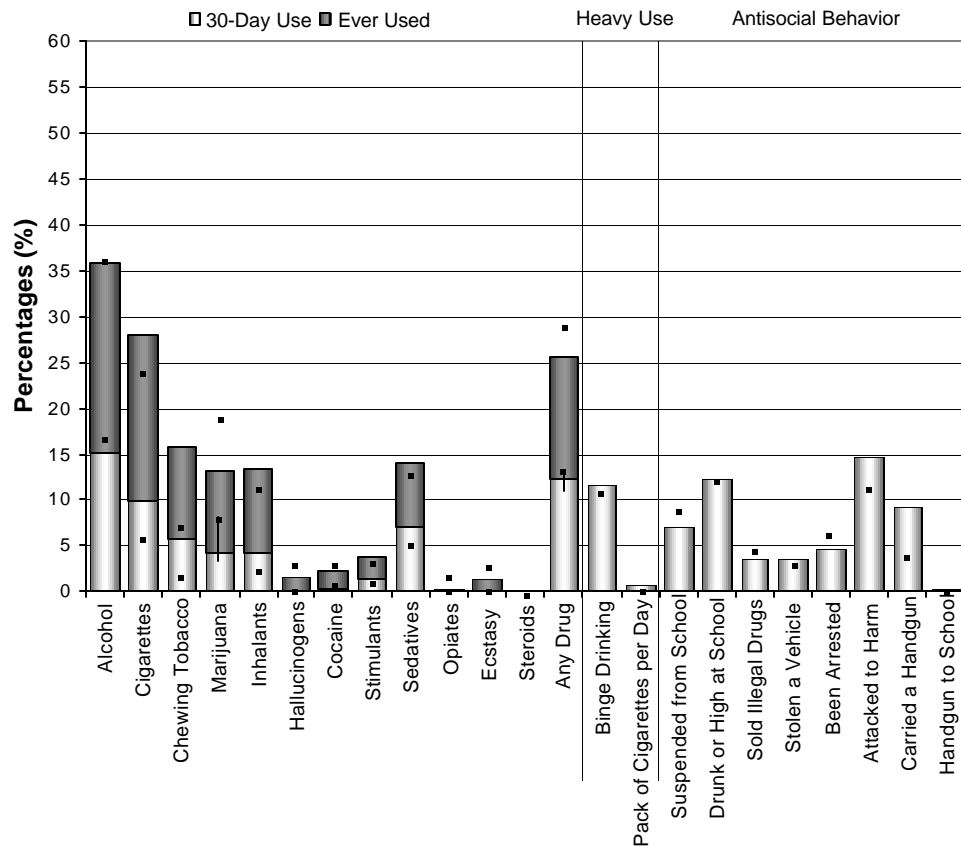
## ATOD Use and Antisocial Behavior

2003 Student Survey, Middle School



## ATOD Use and Antisocial Behavior

2003 Student Survey, High School





# Davis Behavioral Health

## (Davis County)

Davis Behavioral Health, Inc. (DBH) is a dynamic, innovative behavioral health system committed to quality patient-focused care with an emphasis on effective clinical practice; evidence-based outcomes; fiscal responsibility; and patient, family, community and staff satisfaction.

DBH has undergone a progressive expansion over the past 23 years. The growth of our budget, staff, and facilities has enabled us to increase the number of patients treated and to expand service delivery in response to increasing community needs. One of our distinguishing characteristics is our comprehensive continuum of care. Our services extend on one end of the continuum with community-based prevention and education programs to the more intensive end consisting of residential treatment for women and men. The Davis County Resource Group calls DBH a “vital link in the continuum of services available to our community, providing the best possible services to individuals in need.”

Davis Behavioral Health is currently providing treatment services for Drug Court and individuals released on probation and parole in a legislatively funded pilot project with the Department of Corrections called Drug Board.

Davis Behavioral Health has been proactive in incorporating evidence-based cognitive behavioral therapies in the repertoire of therapeutic modalities. Additionally, DBH has a full-time Board Certified Family Practitioner well versed in addictive disorders on staff who is charged with integrating primary and behavioral health needs.

### Prevention

Davis County implemented the *Across Ages* mentoring program in May 2002. We trained 20 community partners who have since trained their representative agencies. This program is slowly gaining momentum and to date we have twenty mentors matched with youth in Davis County. In September, training for *Reconnecting Youth* took place. Seven high-risk junior high schools in the district are now implementing this program.

In addition to planning and implementing science-based programs, the local SICA advisory group has taken an active role in the county and as a result has built good relationships with community partners through community collaboration. The Davis SICA project has named this effort Youth of Promise. The accomplishments of SICA/Youth of Promise include:

- Youth of Promise Summit: 450 youth and 50 adult volunteers attended the third annual Youth of Promise summit on October 26, 2002. Youth participated in over 10 different service projects and received training on how to improve community protective factors and apply them to their community; community partners provided lunch, dinner, and a dance. The Davis County Sheriff donated security. Further, Jeff Hornacek (keynote speaker) also discussed youth participating in their community.



- Gift of Reading Service Project: Partnered with Headstart to provide Christmas presents (books) to eight different Headstart classes. (approx. 200 preschoolers). Fifteen youth also read those books to the kids.
- Youth Literacy Project: Students from North Davis Jr. High School and Clearfield Job Corps conducted an eight-week literacy project that culminated with National Youth Service Day (April 26), where they distributed over 2,000 books they received through a book drive. Books were given to after-school programs.
- Mini-grants: The Youth of Promise Summit received donations from agencies and individuals that were used for mini-grants. These mini-grants were designed to support youth-led service projects in Davis County. The youth designed the RFPs (four @ \$200.00 each).
- Youth of Promise wrote and received a \$5,000 grant from the Utah Commission on Volunteers. Funding was funneled through the Community of Promise. These grants were then sent to five different communities in Davis County to promote literacy in youth.
- Worked with the FCCLA team at Clearfield High School to write a mini-grant for “Join Hands Day.” This mini-grant created opportunities for youth and adults to work together in Clearfield City to make a difference in their community. This project received two national awards.
- Partnered with 4-H and the Utah Federation for Youth to provide WOW camps this summer. Youth were given the opportunity to serve as youth counselor and help guide these kids through a camping experience.
- Received a \$500 mini-grant through the Davis Commissioners’ Cup for support of the Wasatch Elementary after-school program, providing them with much needed fitness equipment and books.
- Wrote and received a \$25,000 grant in collaboration with Headstart. This grant will be used to help involve the youth in literacy activities with the Headstart children and families.
- Sent 17 youth from the Hispanic community to leadership training. This training will help them create peer leadership groups in their respective schools.

## Davis County Profile

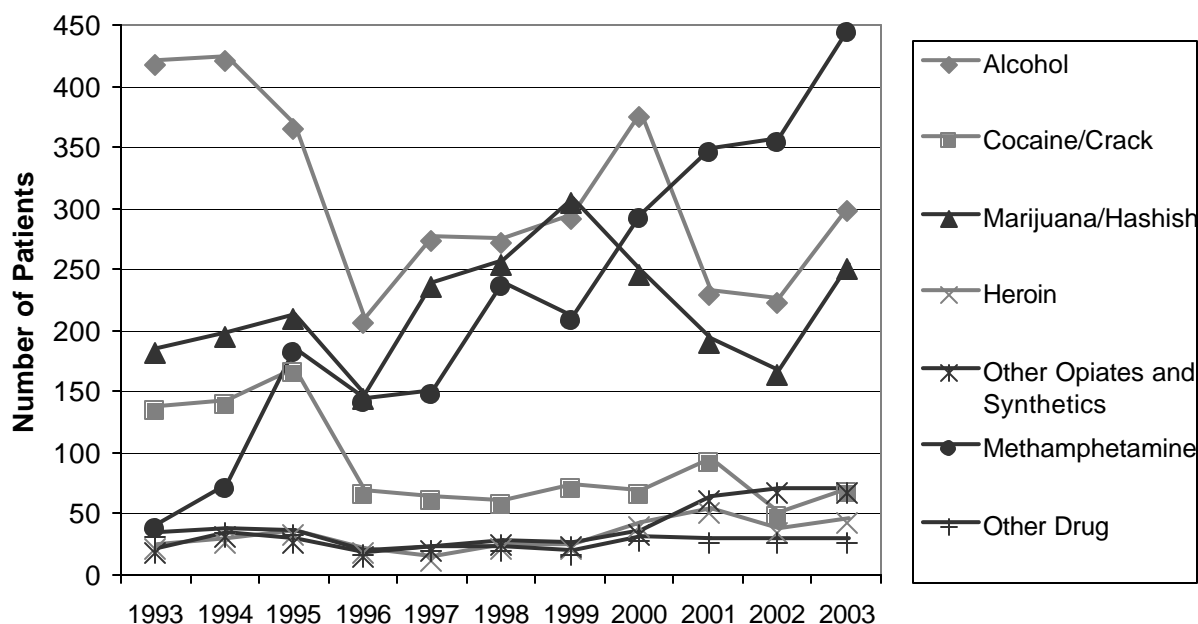
Age	Number	Percent
Under 18	143	10.2%
18 to 25	428	30.6%
26 to 35	433	30.9%
36 to 45	320	22.9%
46 to 65	73	5.2%
66 and over	3	0.2%
Ethnicity		
Puerto Rican	3	0.2%
Mexican	83	5.9%
Cuban	2	0.1%
Other Hispanic	28	2.0%
Not of Hispanic Origin	1282	91.6%
Unknown	2	0.1%
Income		
Wages/Salary	538	38.4%
Public Assistance	54	3.9%
Retirement/Pension	12	0.9%
Disability	31	2.2%
Other	65	4.6%
None	687	49.1%
Unknown	13	0.9%

Race	Number	Percent
Alaskan Native	0	0.0%
American Indian	17	1.2%
Asian	9	0.6%
Pacific Islander	0	0.0%
Black/African American	29	2.1%
White	1253	89.5%
Other	75	5.4%
Unknown	15	1.1%
Highest Education Level Completed		
11th Grade or Less	471	33.6%
Completed High School	623	44.5%
Some College	93	6.6%
Two Year College Degree	166	11.9%
Four Year Degree	28	2.0%
Graduate Work, No Degree	7	0.5%
Graduate Degree	12	0.9%
Unknown	0	0.0%

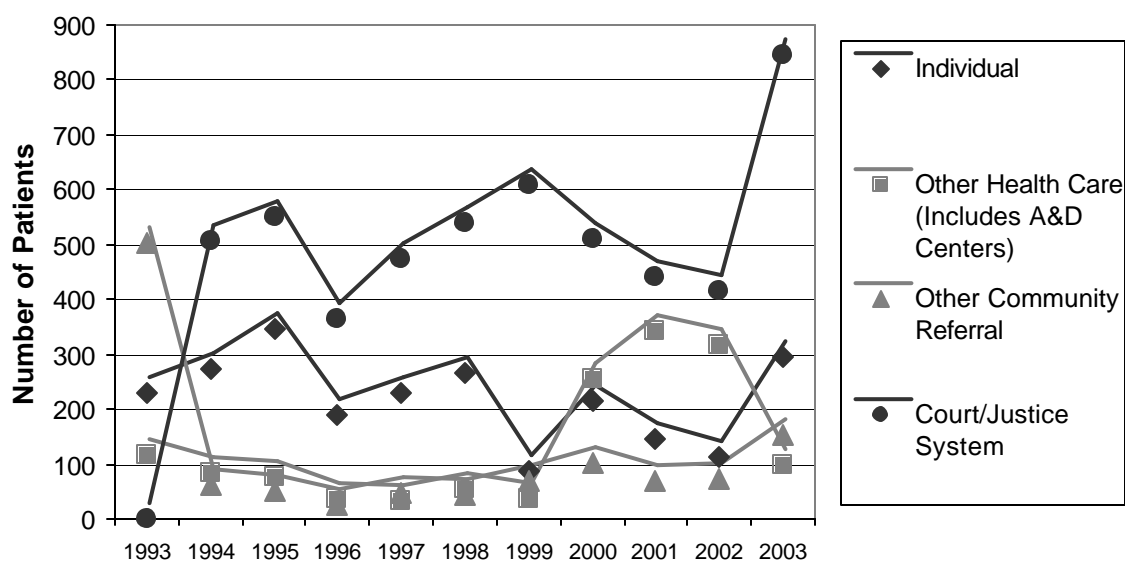
### Service Types

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Detoxification	63	80	37	5	0	0	0	0	1	0	0	16
Residential Short Term	151	136	146	186	128	166	172	172	111	118	112	85
Residential Long Term	161	181	213	215	109	117	100	100	250	191	181	335
Intensive Outpatient	0	0	0	0	0	0	0	0	42	92	103	183
Outpatient	303	450	527	621	378	498	668	668	682	597	525	781
<b>Totals:</b>	<b>678</b>	<b>847</b>	<b>923</b>	<b>1027</b>	<b>615</b>	<b>781</b>	<b>940</b>	<b>940</b>	<b>1086</b>	<b>998</b>	<b>921</b>	<b>1400</b>

### Primary Substance of Abuse

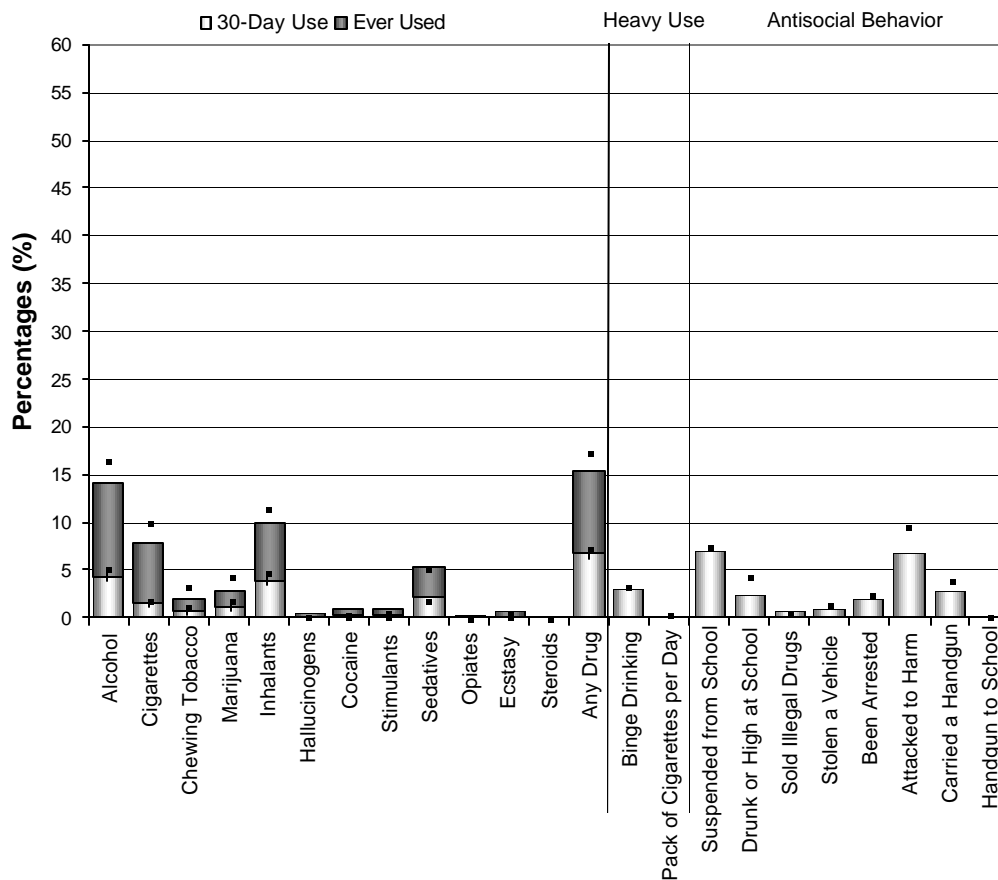


### Referral Source by Year



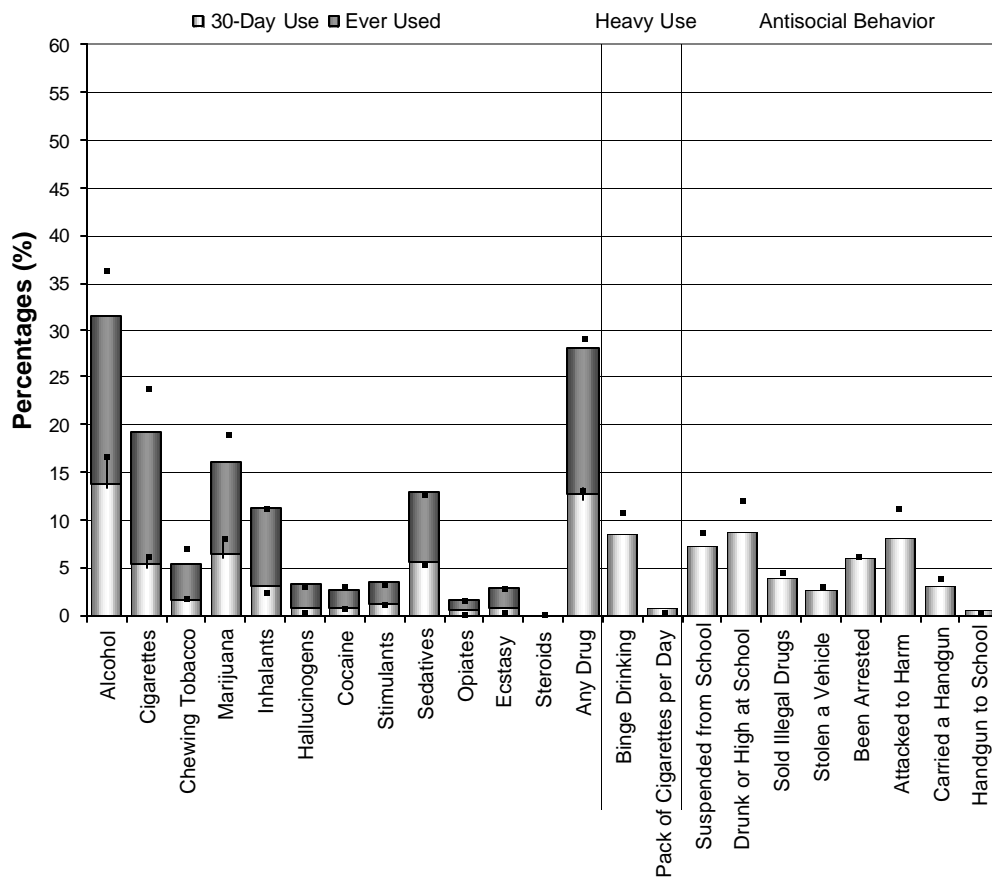
## ATOD Use and Antisocial Behavior

### 2003 Student Survey, Middle School



## ATOD Use and Antisocial Behavior

### 2003 Student Survey, High School



# Four Corners Community Behavioral Health (Carbon, Emery, and Grand Counties)

## Innovation and Infrastructure

2003 was a year of program innovation and infrastructure development at Four Corners.

- ? FCCBH won support for assertive community outreach teams in Carbon and Grand Counties in a state division grant competition. These teams bring mobile, wrap-around services to adults with severe mental illness who are not able to take advantage of clinic-based services because of the severity of their illnesses. “Wrap-around services” are informal supports and individualized agency services that are tailored to the individual’s needs and delivered not just in a clinic office, but in the various community settings where the individual needs help. The teams have been very successful at reducing jail time and hospitalizations and helping individuals gain and keep stable housing and employment.
- ? The system of care for children with serious emotional disabilities has continued to improve as a result of the focus on wrap-around services and parent-professional partnerships sparked by the Frontier Project, now in its 5<sup>th</sup> year. Carbon County, which had the highest number of children in DHS custody in the state, has seen that rate fall by more than half as agencies and parents work together more effectively to meet the needs of children and their families in the community. Seventh District Juvenile Court judges have become strong supporters of the wrap-around process.
- ? The Emery County drug court has been joined by smaller, less comprehensive efforts in Carbon and Grand Counties. The new Grand County drug court serves youth and dependency cases-parents who are at risk of losing custody of their children due to their drug abuse. The Carbon County drug court serves dependency cases only. Funding is being actively sought to expand these programs to full-blown, comprehensive drug courts.
- ? Responding to community support for addressing the issue of homelessness, Four Corners Behavioral Health opened its first supported living facility this year in a converted B&B in Moab acquired with a HUD grant and state Critical Needs Housing funding. Housing up to six adults with severe and persistent mental illness, the Willows has 24-hour awake staff coverage. Bids have just been solicited to remodel the Willows garage to increase the capacity by an additional two beds.



**WILLOW'S RESIDENTS SHARE CHORES AND KEEP TRACK OF THEM BY COMPUTER**

- ? Culminating a multi-year planning process, FCCBH opened its new clubhouse and Community Outreach Treatment Team facilities in Carbon County. Situated across the street from the clinic, the new clubhouse is designed to support a certified club program to meet the vocational, educational and support needs of adults with mental illness.



**MEMBERS AND STAFF ARE PROUD OF THEIR NEW CLUB HOUSE WITH ITS XERIC LANDSCAPING**

?????Accessible by a separate ground floor entrance made possible by the sharply sloping building site, the new (COTT) offices are likewise designed to facilitate the treatment.



**THE NEW COTT OFFICES ARE DESIGNED TO MAKE TEAM-WORK EASY & NATURAL**



**FOUR CORNERS AND NEW HEIGHTS BOARD MEMBERS, CHAMBER OF COMMERCE OFFICERS AND CITY OFFICIALS HELP CUT THE RIBBON**

The building was dedicated on Four Corner's 30<sup>th</sup> anniversary with a ribbon cutting and reception.

## Four Corners Profile

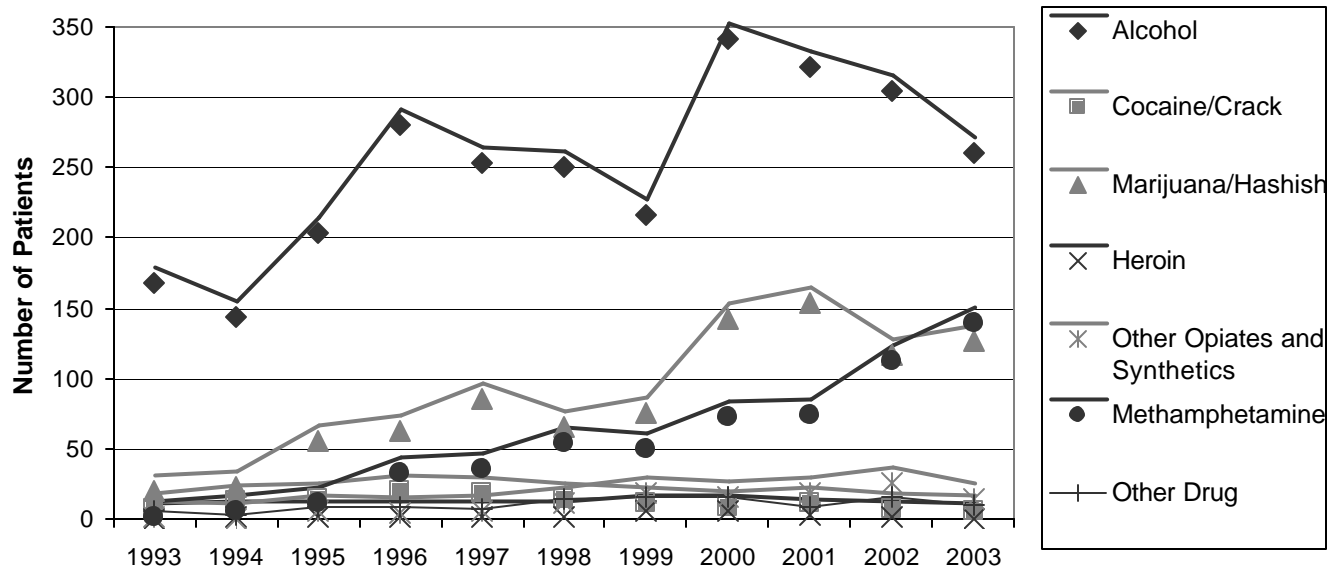
Age	Number	Percent
Under 18	64	11.5%
18 to 25	148	26.6%
26 to 35	162	29.1%
36 to 45	130	23.4%
46 to 65	51	9.2%
66 and over	1	0.2%
<b>Ethnicity</b>		
Puerto Rican	0	0.0%
Mexican	34	6.1%
Cuban	0	0.0%
Other Hispanic	17	3.1%
Not of Hispanic Origin	499	89.7%
Unknown	6	1.1%
<b>Income</b>		
Wages/Salary	172	30.9%
Public Assistance	67	12.1%
Retirement/Pension	15	2.7%
Disability	21	3.8%
Other	33	5.9%
None	115	20.7%
Unknown	133	23.9%

Race	Number	Percent
Alaskan Native	1	0.2%
American Indian	22	4.0%
Asian	1	0.2%
Pacific Islander	2	0.4%
Black/African American	10	1.8%
White	472	84.9%
Other	13	2.3%
Unknown	35	6.3%
<b>Highest Education Level Completed</b>		
11th Grade or Less	218	39.2%
Completed High School	217	39.0%
Some College	34	6.1%
Two Year College Degree	60	10.8%
Four Year Degree	7	1.3%
Graduate Work, No Degree	1	0.2%
Graduate Degree	2	0.4%
Unknown	17	3.1%

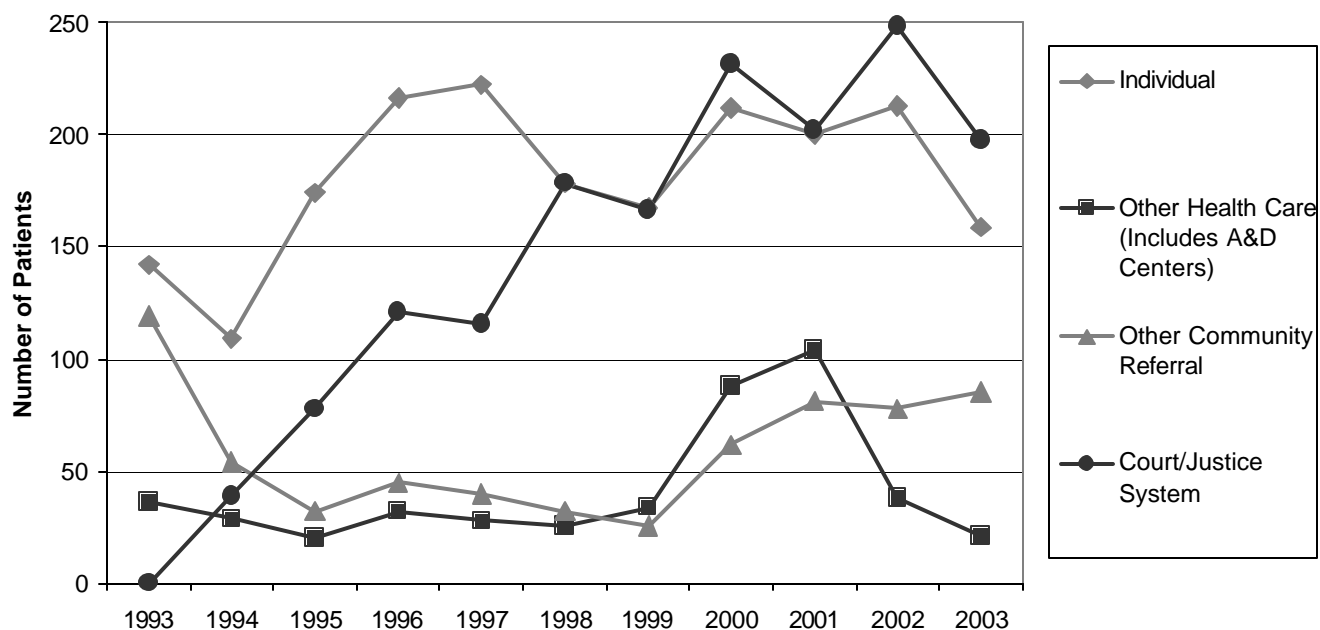
## Service Types

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Detoxification	0	0	0	0	0	0	0	0	0	1	1	0
Residential Short Term	0	0	0	0	0	0	0	0	0	0	18	23
Residential Long Term	0	0	0	0	0	0	0	0	25	23	0	1
Intensive Outpatient	2	4	0	0	0	32	50	26	110	144	156	135
Outpatient	297	298	233	304	414	376	363	367	468	423	409	397
<b>Totals:</b>	299	302	233	304	414	408	413	393	603	591	584	556

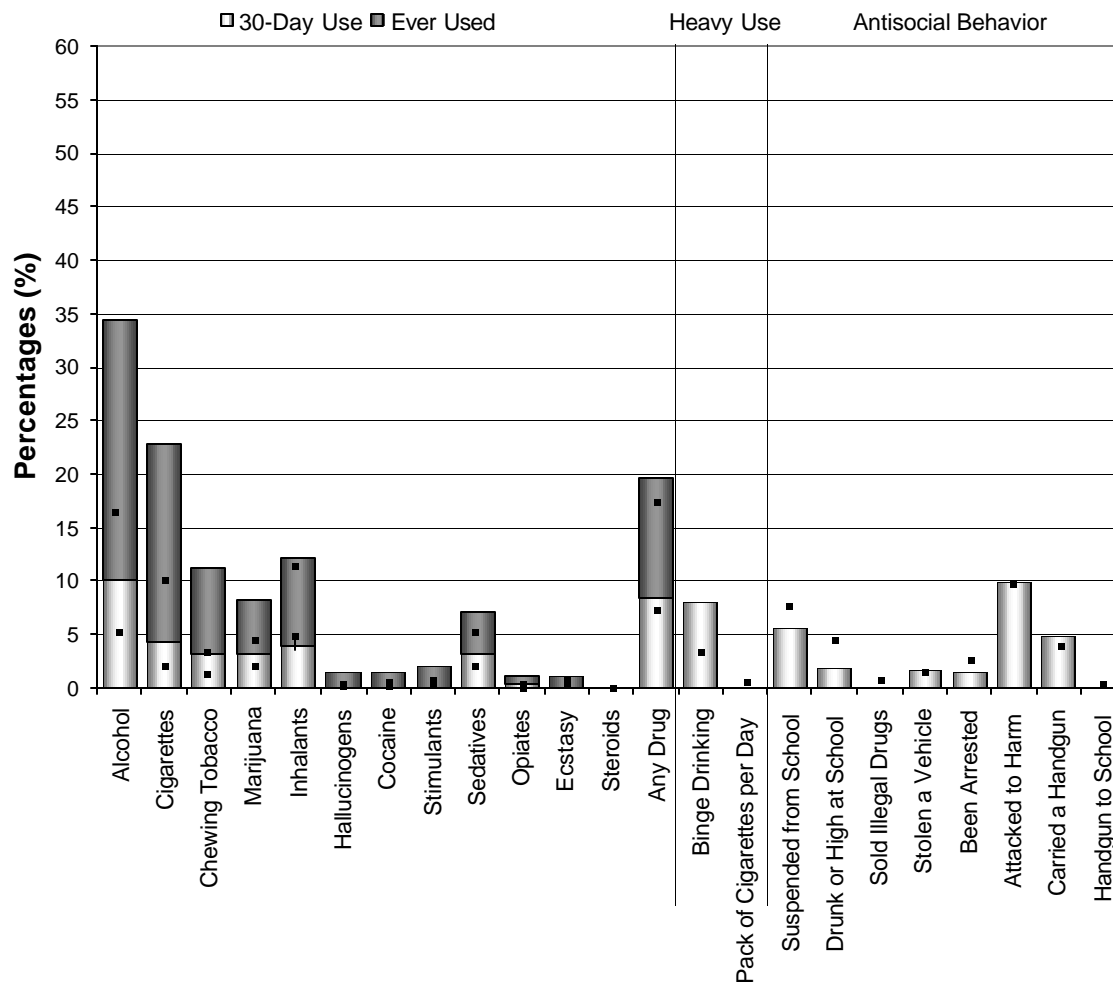
## Primary Substance of Abuse



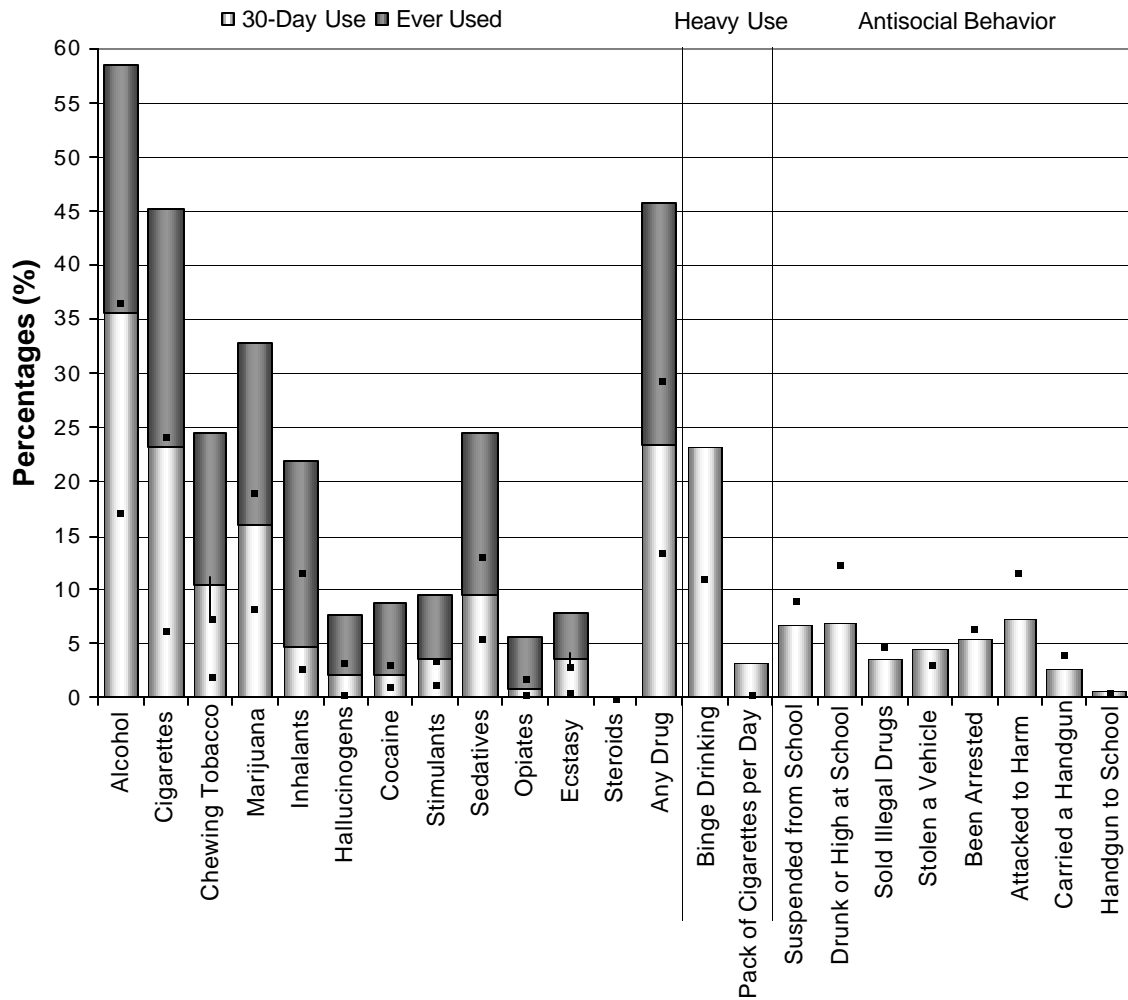
## Referral Source by Year



## ATOD Use and Antisocial Behavior 2003 Student Survey, Middle School



## ATOD Use and Antisocial Behavior 2003 Student Survey, High School







# Northeastern Counseling Center

## (Daggett, Duchesne, and Uintah Counties)

*“Promoting Behavioral Health in the Uintah Basin”*

### Uintah Basin Tri-County Mental Health and Substance Abuse Local Authority

NCC provides help to individuals who are having a difficult time with normal activities because of depression, anxiety, excessive fear or other mental illness, and those who have substance abuse problems to overcome their challenges and become healthy, functioning members of society.

Services are provided by professionals and include: 16 Licensed Therapists, Licensed Substance Abuse Counselor, full-time Board Certified Psychiatrist, RN & LPN Nursing Staff, Psychologist, and 10 Certified Case Managers. Services provided include:

#### **Mental Health**

24-Hour Crisis Intervention  
Screening & Referrals  
Assessments & Evaluation  
Outpatient Services Including:  
    \*Individual Therapy  
    \*Group Therapy  
    \*Family Counseling  
Case Management  
Day Treatment  
Medication Management  
Consultation, Education  
& Prevention Services  
Transitional Housing

#### **Substance Abuse**

Screening & Referral  
for Chemical Dependency Treatment  
Outpatient Services Including:  
    \*Individual, Group, &  
    Family Counseling  
Intensive Outpatient Program (IOP)  
DUI Education Classes  
Prevention & Community Education  
24-Hour Crisis Intervention  
EXCEL

We work closely with other community agencies and service providers to develop an individual plan of treatment for those in need of mental health or substance abuse services.

Some services are eligible for private insurance or are pre-paid for Medicaid enrollees. A sliding fee scale is available to the uninsured. To determine eligibility and fee rate, contact the main office.

#### **Main Office:**

1140 West 500 South  
Vernal, Utah 84078  
(435) 789-6300  
After-hours Emergency (435) 828-8241

#### **Roosevelt:**

285 West 800 South  
Roosevelt, Utah 84066  
(435) 725-6300  
After-hours Emergency (435) 823-6823

#### **Duchesne:**

54 East 200 South  
Duchesne, Utah 84021  
(435) 738-5512  
After-hours Emergency (435) 822-6823

#### **Manila:**

Daggett County Courthouse  
Manila, Utah 84046  
(435) 784-3006  
After-hours Emergency (435) 828-8241

## Northeastern Profile

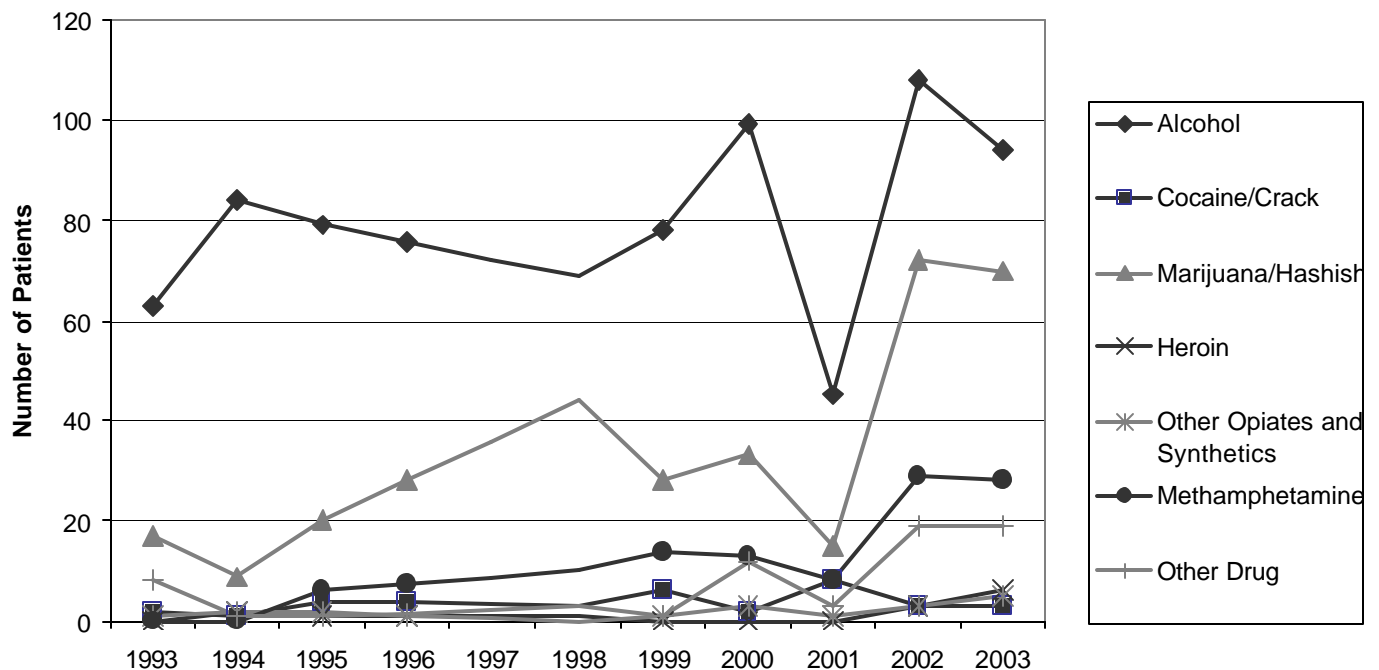
Age	Number	Percent
Under 18	43	18.6%
18 to 25	61	26.4%
26 to 35	55	23.8%
36 to 45	45	19.5%
46 to 65	19	8.2%
66 and over	1	0.4%
Ethnicity		
Puerto Rican	0	0.0%
Mexican	5	2.2%
Cuban	0	0.0%
Other Hispanic	4	1.7%
Not of Hispanic Origin	222	96.1%
Unknown	0	0.0%
Income		
Wages/Salary	102	44.2%
Public Assistance	13	5.6%
Retirement/Pension	15	6.5%
Disability	8	3.5%
Other	27	11.7%
None	66	28.6%
Unknown	0	0.0%

Race	Number	Percent
Alaskan Native	1	0.4%
American Indian	37	16.0%
Asian	0	0.0%
Pacific Islander	0	0.0%
Black/African American	0	0.0%
White	192	83.1%
Other	1	0.4%
Unknown	0	0.0%
Highest Education Level Completed		
11th Grade or Less	95	41.1%
Completed High School	104	45.0%
Some College	12	5.2%
Two Year College Degree	6	2.6%
Four Year Degree	4	1.7%
Graduate Work, No Degree	0	0.0%
Graduate Degree	0	0.0%
Unknown	10	4.3%

## Service Types

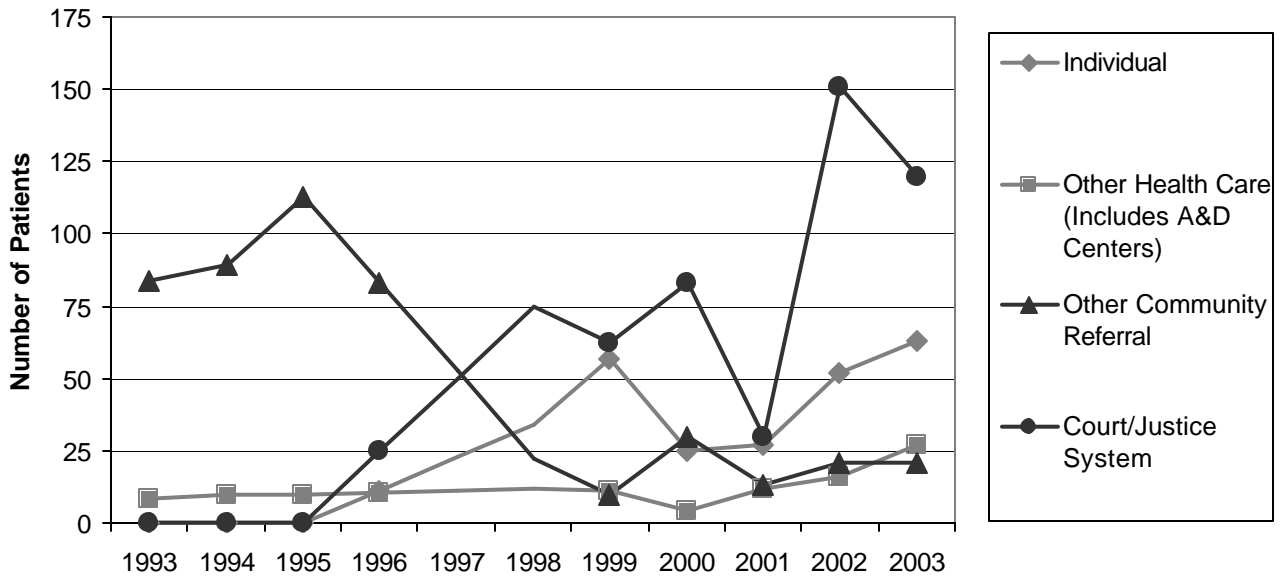
	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Detoxification	9	1	1	2			64	65	0	70	239	24
Residential Short Term	0	0	0	0			0	6	0	2	0	0
Residential Long Term	0	0	0	2			0	21	0	9	0	0
Intensive Outpatient	8	2	5	9			0	1	23	1	0	41
Outpatient	81	89	93	110			78	47	141	3	1	166

## Primary Substance of Abuse

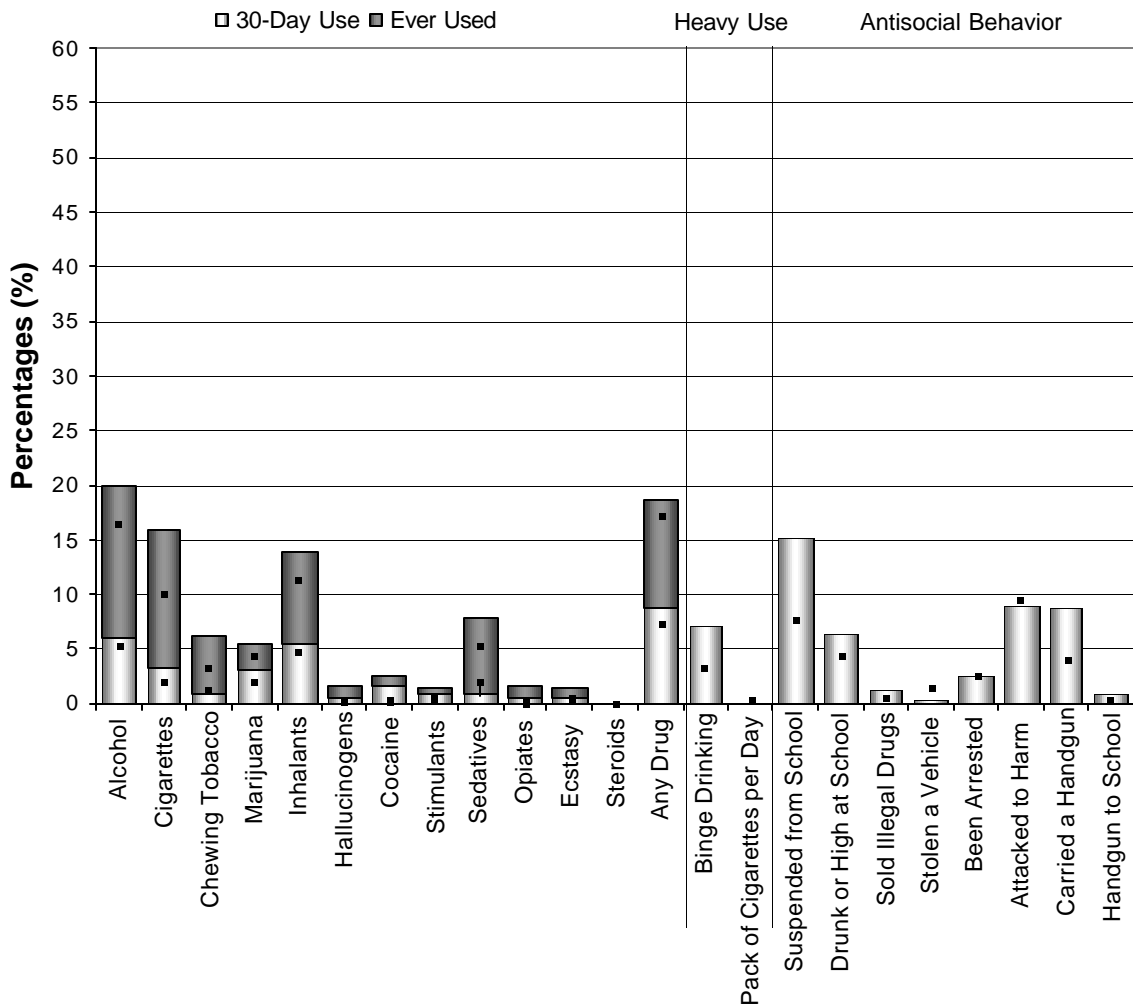




## Referral Source by Year



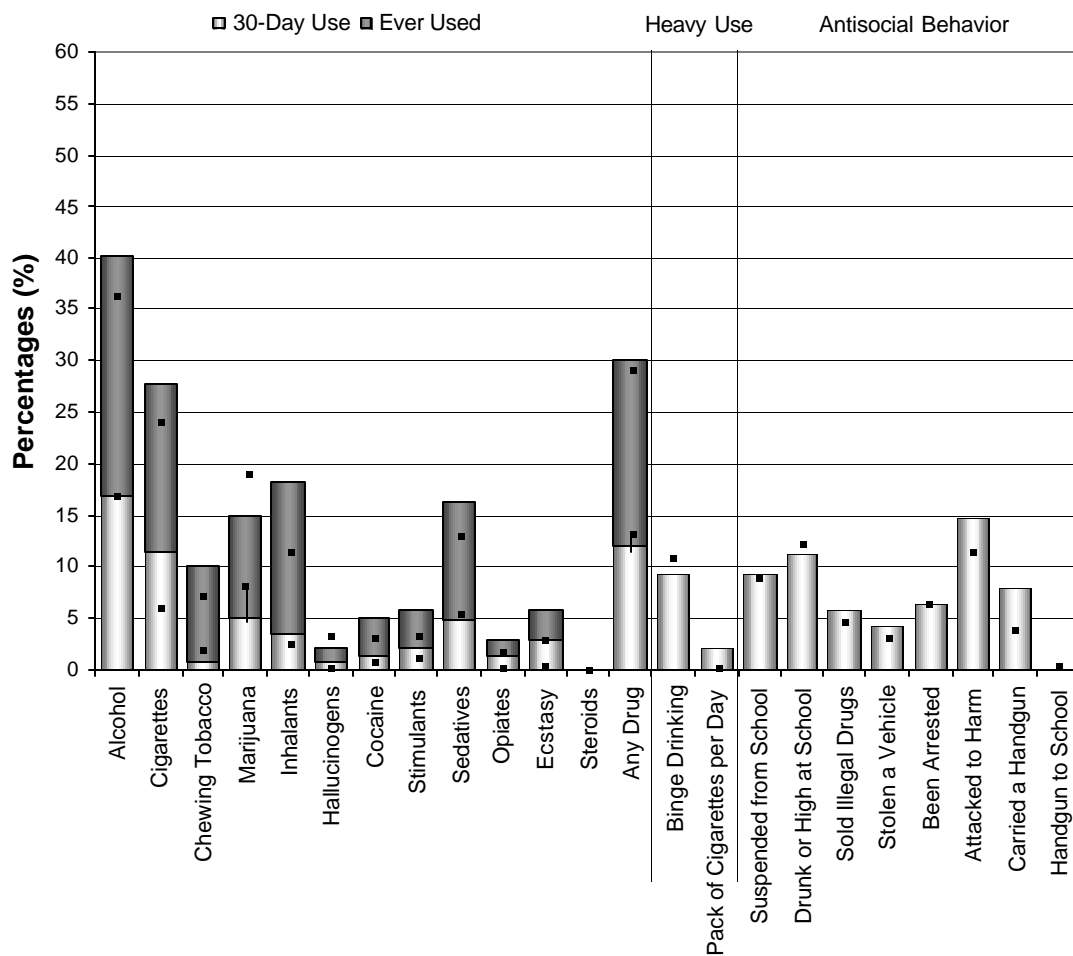
## ATOD Use and Antisocial Behavior 2003 Student Survey, Middle School





## ATOD Use and Antisocial Behavior

### 2003 Student Survey, High School





# **Salt Lake County Division of Substance Abuse**

## **(Salt Lake County)**

### **Prevention:**

The Salt Lake County Division of Substance Abuse continues to provide a comprehensive continuum of prevention services that are research-based, multifaceted and accessible. Contracted services are specific to the County's risk and protective factors and are evaluated with measured outcomes.

In March of 2003, Salt Lake County Division of Substance Abuse partnered with the County Division of Aging Services and the University of Utah School of Pharmacology and provided a brown bag event at two of the largest Senior Centers in the County. The "Med Check" event encouraged seniors to empty their medicine cabinets and bring all their medications in a prepared and labeled bag to the Centers. Hundreds of seniors responded, receiving a medical screening and education on medication management. Many seniors, who are often reluctant to go to a doctor, were able have their health and medication questions answered one-on-one by pharmacology students in a comfortable, senior center setting.

Coordinating with the County's four school districts, the Division supported safe, drug and alcohol-free graduation activities for graduating high school seniors, including public service announcements by County Mayor Nancy Workman, scholarships for special events and a comprehensive selection of alternative activities at various high schools.

The Salt Lake County Division of Substance Abuse is one of the sub-recipients of the State Incentive Cooperative Agreement (SICA) grant. In 2003 the school-based SICA projects served high-risk students throughout the valley using seven new science-based and proven ATOD prevention programs. As a result of her involvement in a SICA program, a Granite School District student received national recognition for her poetry and was honored in Washington, D.C. at the 15<sup>th</sup> Annual International Poetry Competition and Symposium.

The Division began a pilot project in conjunction with the State Division of Substance Abuse and Mental Health, Youth Corrections, 3<sup>rd</sup> District Juvenile Court, and Youth Services for kids ages 12-17 needing intervention. Services will be provided for Juvenile Justice involved youth who do not currently qualify for treatment but need targeted, indicated prevention services. This SICA funded project includes a complete assessment and screening, with a referral matching the client's risk and protective factors to an appropriate and proven effective prevention intervention. Indicated prevention services will be delivered by current contracted providers (Cornerstone Counseling, The Asian Association, Big Brothers Big Sisters, Project Reality, Valley Mental Health, Youth Support and Youth Services). Cross-referrals among these agencies will be provided as needed. Outcomes, data tracking and research will be built into the model. Bach Harrison will assist in developing the screening and assessment tools and identifying the placement criteria.

### **Treatment Accomplishments in 2003:**

1. In January of 2003, Salt Lake County Division of Substance Abuse Services contracted with Valley Mental Health to open the Cottonwood Family Treatment Center. This program provides individualized bio/psycho/social treatment to Salt Lake County women and their dependent children.



The program provides a comprehensive mental health/substance abuse assessment on each woman and on every child six months or older. The program offers a collaborative, individualized treatment plan with comprehensive group, family and individual treatment services. Pediatric, obstetric, and gynecological services are also provided. The program is able to provide services for 13 women and their dependent children and has been operating at capacity since opening.

2. The Utah State Division of Substance Abuse and Mental Health and Salt Lake County Division of Substance Abuse Services partnered with the University of Utah School of Psychiatry to provide DUI assessment and referral services in Salt Lake County. On September 1, 2003, the DUI Assessment & Referral Services (DUI ARS) began accepting referrals from Salt Lake City and West Valley City Justice Courts. Ultimately, the program will provide services to all courts within Salt Lake County with respect to DUI referrals. It is estimated that Salt Lake County accounts for 34% of the approximately 12,000 adult DUI arrests and almost 250 adolescent arrests in Utah annually. Preliminary research shows that 46% of DUI offenders studied exhibited physiological dependence, and 23% were identified as dependent in terms of some chemical abuse. The DUI ARS provides high quality, objective substance abuse screening, clinical assessment and referral and tracking services for the courts serving residents of Salt Lake County who have been arrested for DUI. It also provides interim services for offenders who are on waiting lists to receive treatment. The DUI ARS is fully integrated with the courts, Salt Lake County Criminal Justice Services, law enforcement and prosecutors. Since opening in September, the DUI ARS has been able to provide high quality service in a time efficient manner.
3. In February of 2003, Salt Lake County Division of Substance Abuse Services was able to enhance the Valley Mental Health Corrections Addictions Treatment Services (CATS) program to provide treatment services for 64 female offenders annually in the County Jail. Historically the County has funded the male CATS program, which provides treatment services for 128 male offenders annually. Combined, these two programs offer quality day treatment services for 192 inmates.

### Salt Lake County Profile

Age	Number	Percent
Under 18	1741	16.5%
18 to 25	1812	17.2%
26 to 35	2571	24.4%
36 to 45	2862	27.1%
46 to 65	1487	14.1%
66 and over	24	0.2%
Ethnicity		
Puerto Rican	38	0.4%
Mexican	853	8.1%
Cuban	17	0.2%
Other Hispanic	463	4.4%
Not of Hispanic Origin	8974	85.1%
Unknown	206	2.0%
Income		
Wages/Salary	1755	16.6%
Public Assistance	539	5.1%
Retirement/Pension	61	0.6%
Disability	334	3.2%
Other	1881	17.8%
None	5852	55.5%
Unknown	129	1.2%

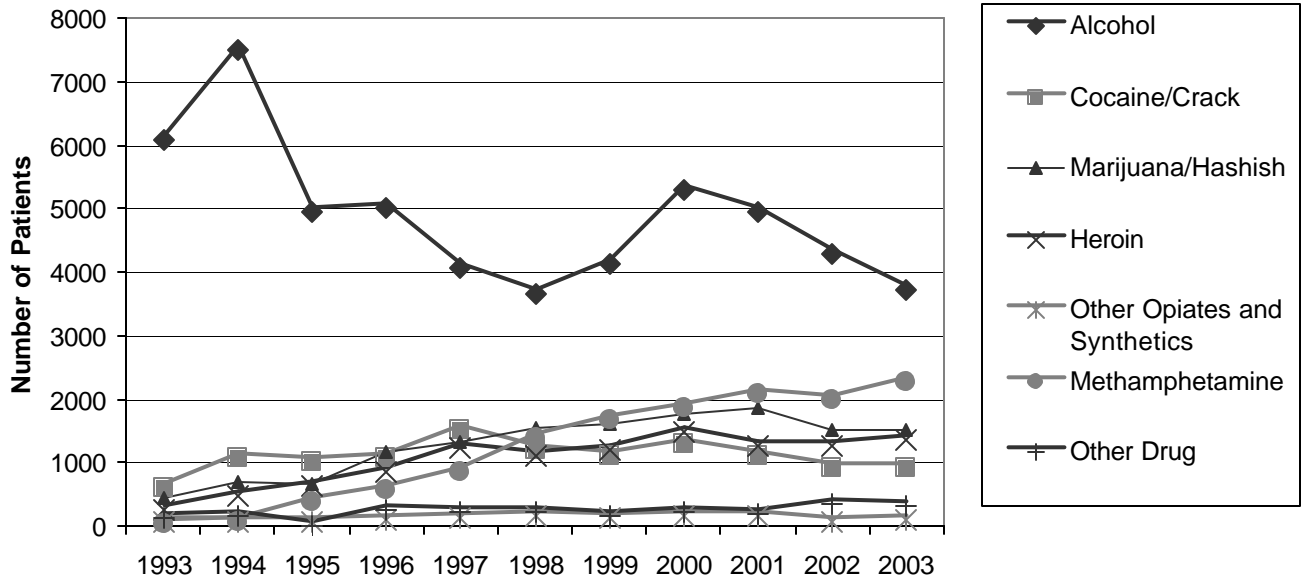
Race	Number	Percent
Alaskan Native	24	0.2%
American Indian	476	4.5%
Asian	49	0.5%
Pacific Islander	87	0.8%
Black/African American	460	4.4%
White	8244	78.1%
Other	1191	11.3%
Unknown	20	0.2%
Highest Education Level Completed		
11th Grade or Less	3765	35.7%
Completed High School	3571	33.8%
Some College	591	5.6%
Two Year College Degree	971	9.2%
Four Year Degree	217	2.1%
Graduate Work, No Degree	57	0.5%
Graduate Degree	73	0.7%
Unknown	1306	12.4%



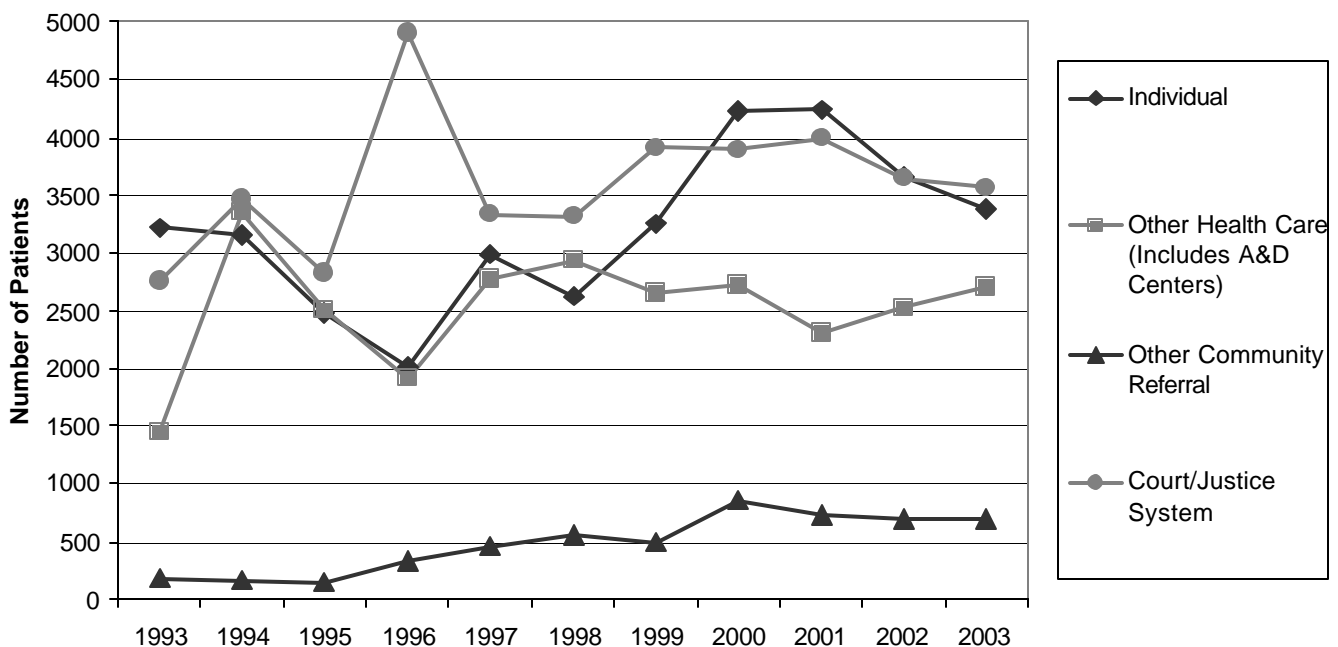
### Service Types

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Detoxification	5466	4341	6212	4315	2650	3428	3306	3991	5153	4875	4162	3437
Residential Short Term	0	0	50	42	0	0	0	0	0	727	791	849
Residential Long Term	1663	1668	1638	1538	1208	1403	1321	1271	1329	672	573	669
Intensive Outpatient	108	181	136	103	155	772	766	690	1174	1306	1393	1500
Outpatient	1448	1421	2105	1956	5144	3954	4043	4363	4565	4343	3906	4096
<b>Totals:</b>	<b>8685</b>	<b>7611</b>	<b>10141</b>	<b>7954</b>	<b>9157</b>	<b>9557</b>	<b>9436</b>	<b>10315</b>	<b>12221</b>	<b>11923</b>	<b>10825</b>	<b>10551</b>

### Primary Substance of Abuse



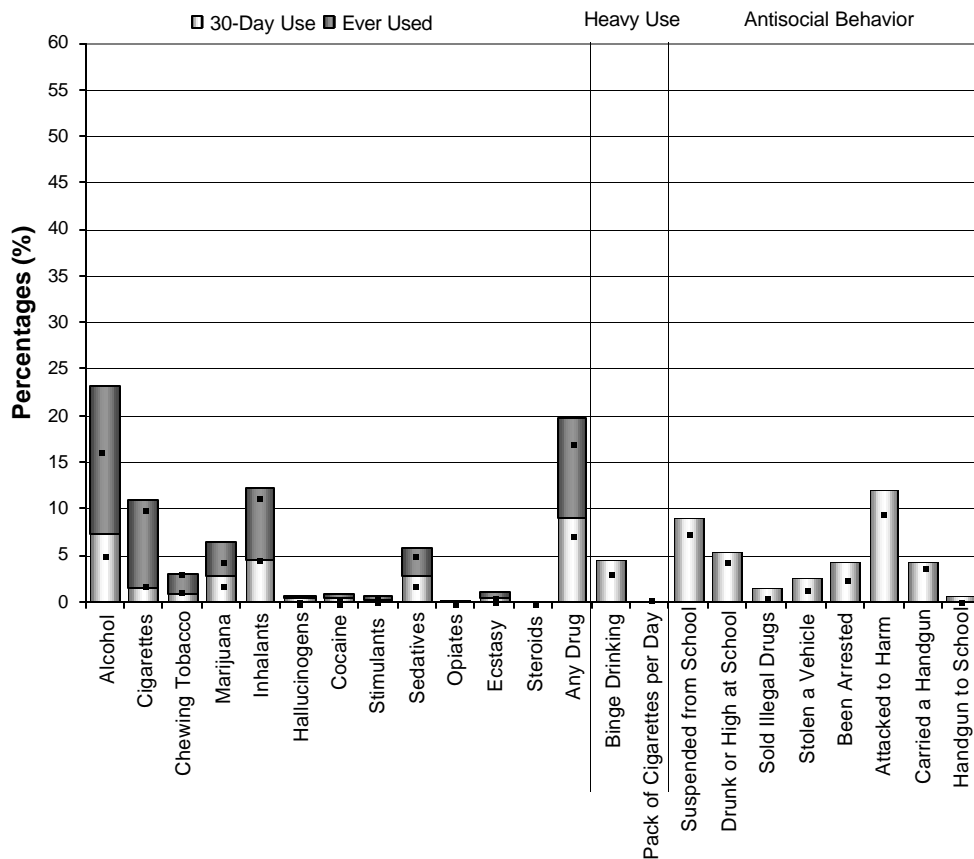
### Referral Source by Year





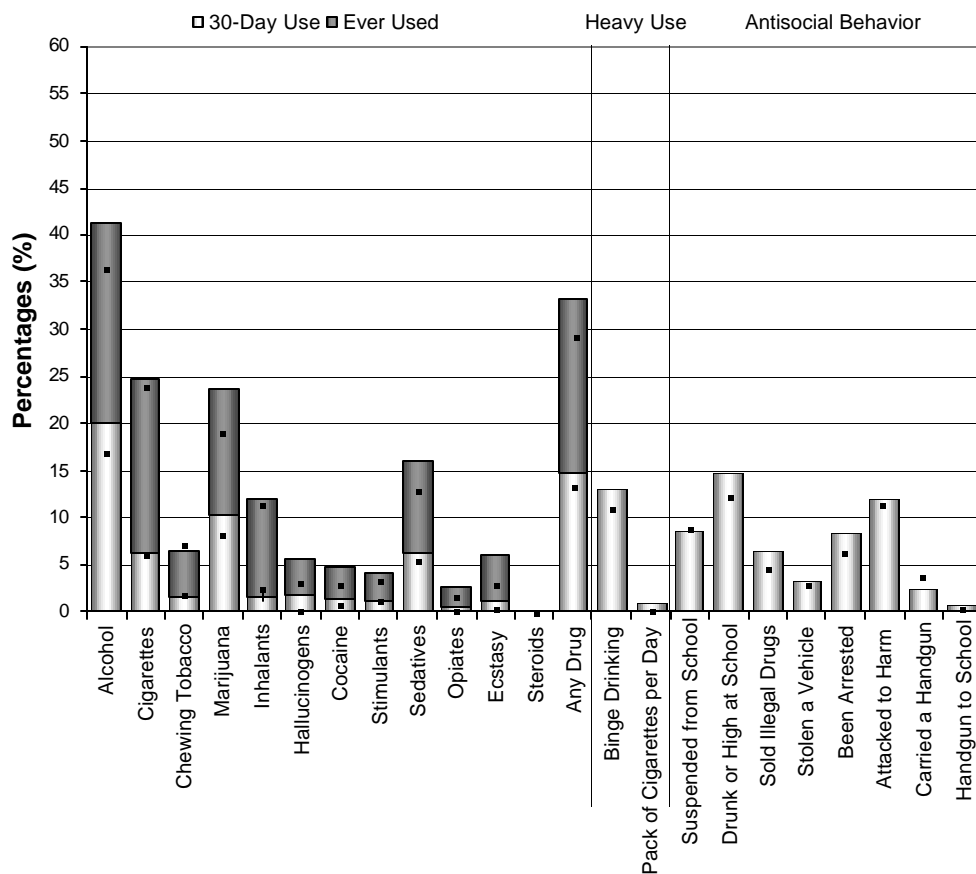
## ATOD Use and Antisocial Behavior

2003 Student Survey, Middle School



## ATOD Use and Antisocial Behavior

2003 Student Survey, High School







# San Juan Counseling Center

## (San Juan County)

San Juan Counseling serves the geographical area of San Juan County which is the largest county in the state of Utah and is also the most sparsely populated. The total square mileage in San Juan County makes it one of the largest counties in the 48 contiguous United States. Approximately 60% of the population of San Juan County is Native American, which includes Navajo and Ute residents. San Juan Counseling's satellite offices throughout this enormous county spread from Navajo Mountain (which can only be accessed by going down through Arizona and re-entering Utah) to Montezuma Creek (located approximately 20 miles from the Arizona border and 15 miles from the Colorado border) to Monticello which is 15 miles from the Colorado border and 300 miles from Salt Lake City. It takes six hours to travel from the most Northern area served to Navajo Mountain! Probably the greatest challenge in providing services within San Juan County is the many hours of travel involved. The uniqueness of this area is the vast cultural variances and the beautiful scenery (Monument Valley Tribal Park, Canyonlands National Park and the Four Corners Monument).

### Prevention

We have chosen *Prevention Dimensions* to impact the following prioritized risk factors: academic failure, youth attitudes favorable toward antisocial behavior, and youth attitudes favorable toward drugs.

We have surveyed the 7th grade students and pre-tested all the teachers at Monument Valley High School. We have trainings scheduled for the teachers at MV High School. We have also created a new advisory group; we are joining with the local Area Resource Council which has representation from many different agencies in San Juan County.

### San Juan County Profile

Age	Number	Percent
Under 18	30	28.0%
18 to 25	28	26.2%
26 to 35	26	24.3%
36 to 45	18	16.8%
46 to 65	5	4.7%
66 and over	0	0.0%
<b>Ethnicity</b>		
Puerto Rican	0	0.0%
Mexican	4	3.7%
Cuban	0	0.0%
Other Hispanic	0	0.0%
Not of Hispanic Origin	53	49.5%
Unknown	50	46.7%
<b>Income</b>		
Wages/Salary	7	6.5%
Public Assistance	3	2.8%
Retirement/Pension	0	0.0%
Disability	0	0.0%
Other	1	0.9%
None	2	1.9%
Unknown	94	87.9%

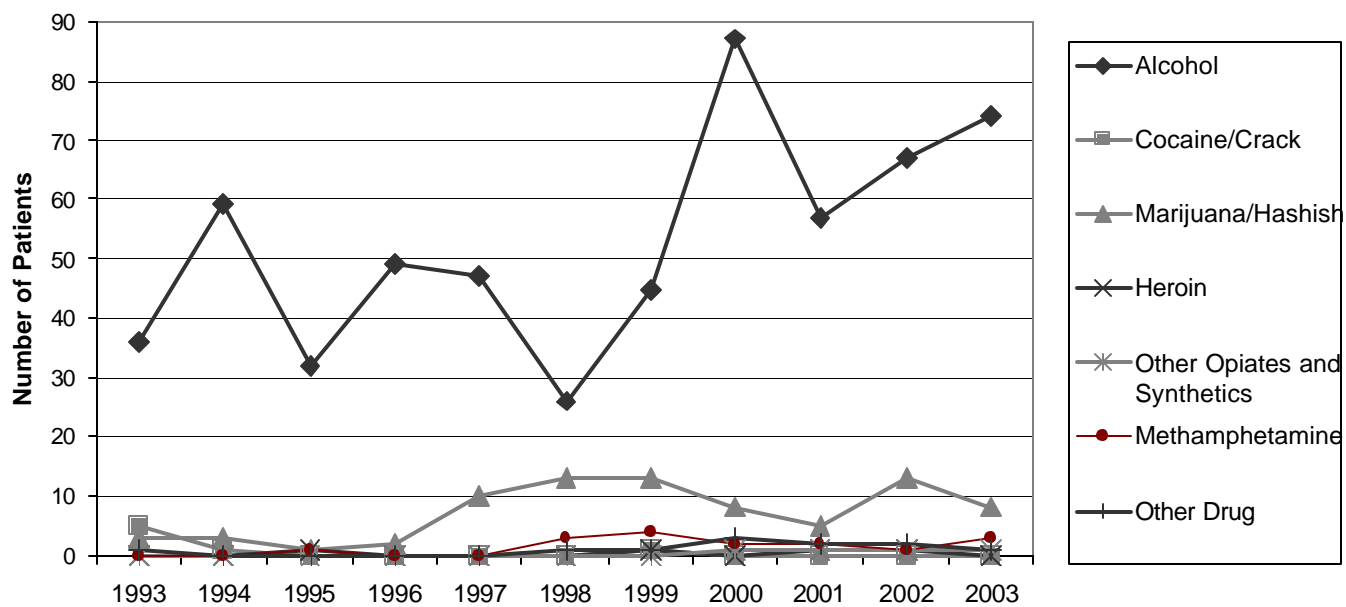
Race	Number	Percent
Alaskan Native	0	0.0%
American Indian	53	49.5%
Asian	0	0.0%
Pacific Islander	0	0.0%
Black/African American	1	0.9%
White	28	26.2%
Other	3	2.8%
Unknown	22	20.6%
<b>Highest Education Level Completed</b>		
11th Grade or Less	17	15.9%
Completed High School	30	28.0%
Some College	8	7.5%
Two Year College Degree	7	6.5%
Four Year Degree	1	0.9%
Graduate Work, No Degree	1	0.9%
Graduate Degree	1	0.9%
Unknown	42	39.3%



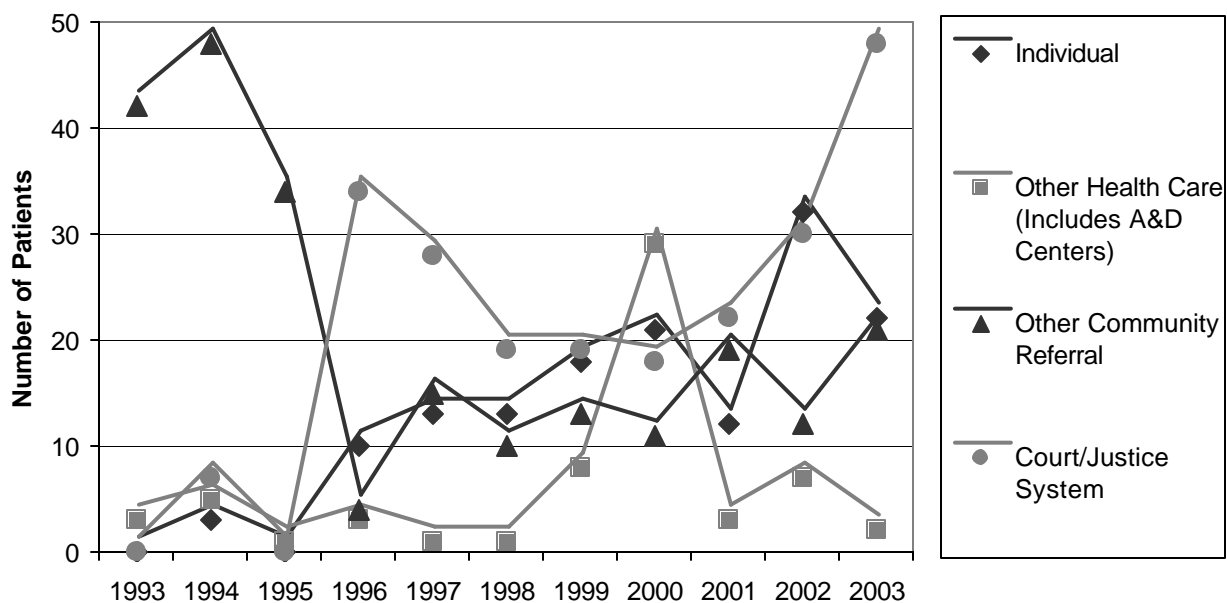
### Service Types

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Detoxification	1	0	0	0	2	0	0	0	0	0	0	0
Residential Short Term	0	0	0	0	0	0	0	0	0	0	1	0
Residential Long Term	0	0	0	0	0	0	0	0	0	0	0	0
Intensive Outpatient	0	0	0	3	4	2	1	1	0	0	0	0
Outpatient	73	45	63	32	45	55	42	64	105	70	89	107
<b>Totals:</b>	<b>74</b>	<b>45</b>	<b>63</b>	<b>35</b>	<b>51</b>	<b>57</b>	<b>43</b>	<b>65</b>	<b>105</b>	<b>70</b>	<b>90</b>	<b>107</b>

### Primary Substance of Abuse

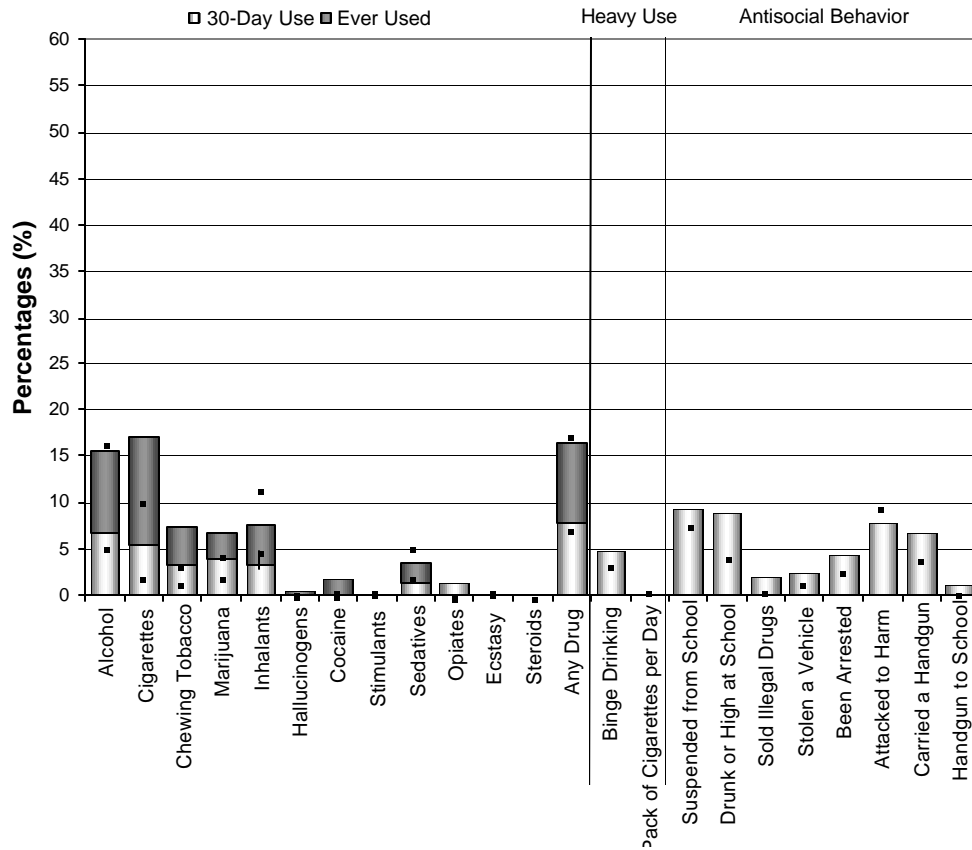


### Referral Source by Year

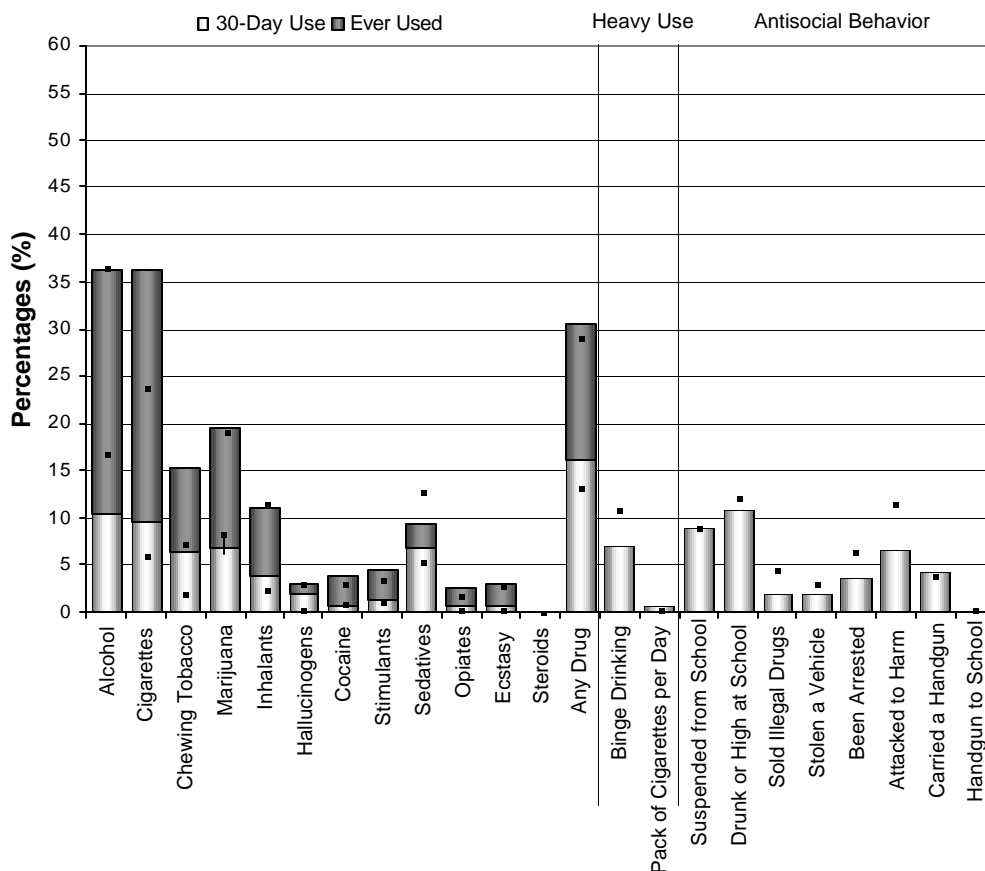




## ATOD Use and Antisocial Behavior 2003 Student Survey, Middle School



## ATOD Use and Antisocial Behavior 2003 Student Survey, High School





# Southwest Center

## (Beaver, Garfield, Iron, Kane, and Washington Counties)

Southwest Center provides a full array of quality behavioral health services to the citizens of Southwest Utah. Quality Improvement, driven by treatment innovation, client and family involvement, and allied agency collaboration continue to direct the Center's energy.

For several years Southwest Center has attempted to better serve its clientele through a more comprehensive process of integrated assessment and treatment services. With the completion of the new office complex in St. George this past year, all office locations now allow for co-location of mental health and substance abuse services into one treatment team. The total needs and strengths of the client are now able to be addressed in developing a comprehensive evaluation and intervention plan.



St. George Office Complex

Considerable effort has also been made during the year to develop a new documentation program to complement the electronic record system that is currently under construction. Both the new documentation and record systems are scheduled to be operational during calendar year 2004.

Drug Court remains an effective tool to coordinate services with allied agencies and to keep the client engaged throughout the treatment process. The Washington County Drug Court is funded by a Federal Grant through September, 2004. After that date the future of the Drug Court will be in question without additional State funding. There also exists considerable interest from the other four counties in developing similar court programs if funding can be found.

### **Prevention:**

Southwest Center Prevention continues with the implementation of SICA projects: "Project Northland" in Kane & Garfield counties, "All Stars" in Beaver County, "Youth & Families of Promise" in Iron County, "Families That Care" in Washington County, and "Counter Advertising" in all five counties. Advisory Groups meet at least quarterly in each county to review and evaluate analyses of data collected and reported by Bach Harrison.

The Personal Education Program (PEP) continues to grow throughout the five county area. PEP has recently been implemented at the Middle School in Iron County and currently has four groups meeting with approximately 10 students per group. PEP has also grown at Cedar High School from one group to six groups, with an average of 10 students per group. In addition, PEP programs have expanded to Beaver Middle/High School, Milford Middle/High School, and Panguitch Middle School.

Other Programs that Southwest Center Prevention continues to provide include:

- Youth Of Utah (formerly Governors Youth Council)
- Respect
- Free the Horses



Kid Power  
 Personal Power  
 Heaton Ranch  
 Community Family Day  
 Media Literacy  
 Tobacco classes  
 DUI classes

We also continue to be involved with community, church, school and civic organizations throughout the five county area.

## Southwest Center Profile

Age	Number	Percent
Under 18	108	16.1%
18 to 25	245	36.5%
26 to 35	153	22.8%
36 to 45	126	18.8%
45 to 65	39	5.8%
65 and over	1	0.1%
Ethnicity		
Puerto Rican	1	0.1%
Mexican	20	3.0%
Cuban	0	0.0%
Other Hispanic	21	3.1%
Not of Hispanic Origin	630	93.8%
Unknown	0	0.0%
Income		
Wages/Salary	372	55.4%
Public Assistance	89	13.2%
Retirement/Pension	22	3.3%
Disability	22	3.3%
Other	76	11.3%
None	91	13.5%
Unknown	0	0.0%

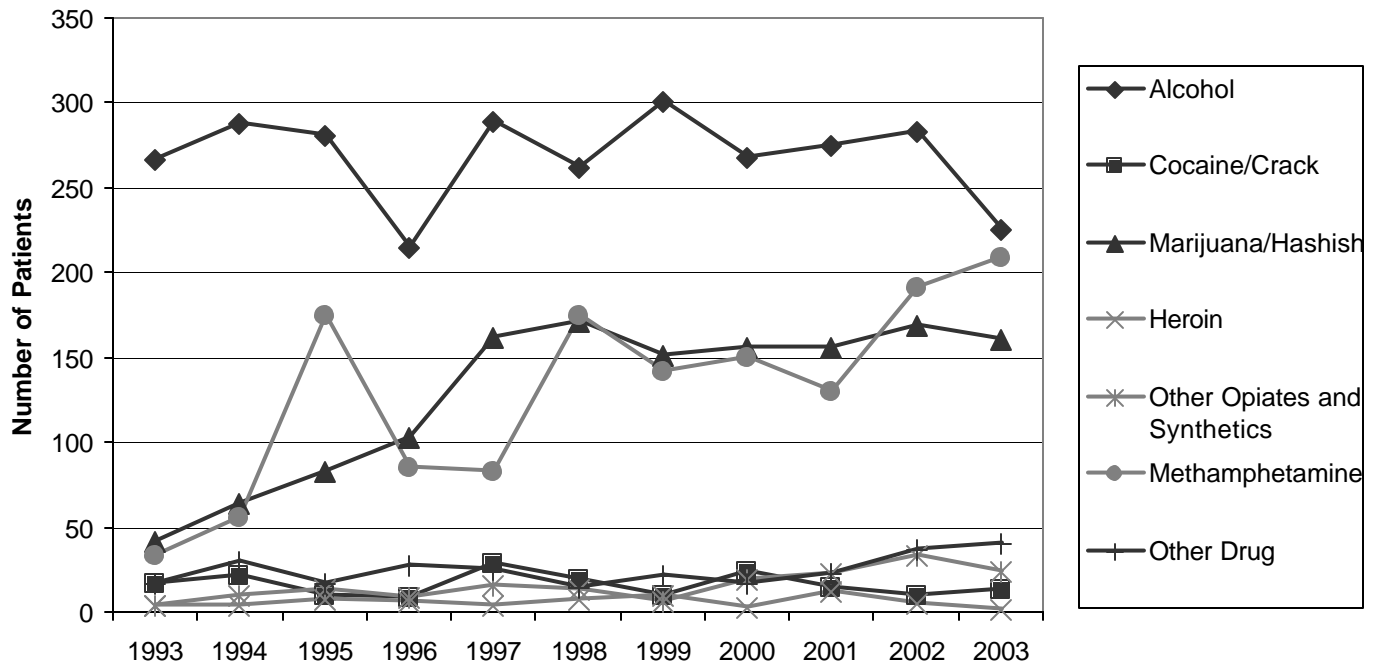
Race	Number	Percent
Alaskan Native	2	0.3%
American Indian	38	5.7%
Asian	1	0.1%
Pacific Islander	2	0.3%
Black/African American	1	0.1%
White	602	89.6%
Other	26	3.9%
Unknown	0	0.0%
Highest Education Level Completed		
11th Grade or Less	278	41.4%
Completed High School	275	40.9%
Some College	37	5.5%
Two Year College Degree	57	8.5%
Four Year Degree	20	3.0%
Graduate Work, No Degree	3	0.4%
Graduate Degree	2	0.3%
Unknown	0	0.0%

## Service Types

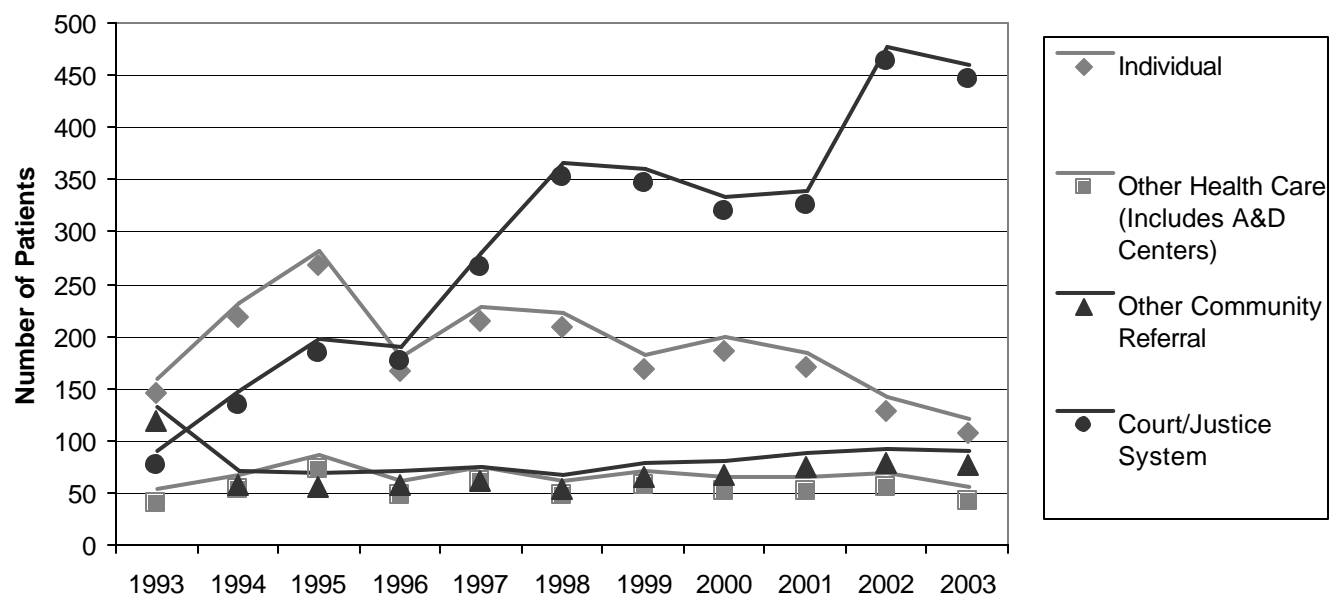
	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Detoxification	52	45	60	98	66	97	88	75	72	63	60	64
Residential Short Term	0	0	0	0	18	86	83	67	0	0	2	0
Residential Long Term	50	47	51	88	36	0	0	0	69	58	54	67
Intensive Outpatient	46	27	4	15	22	98	143	153	141	153	196	193
Outpatient	363	364	499	539	360	373	366	369	360	356	415	348
<b>Totals:</b>	<b>511</b>	<b>483</b>	<b>614</b>	<b>740</b>	<b>502</b>	<b>654</b>	<b>680</b>	<b>664</b>	<b>642</b>	<b>630</b>	<b>727</b>	<b>672</b>



## Primary Substance of Abuse

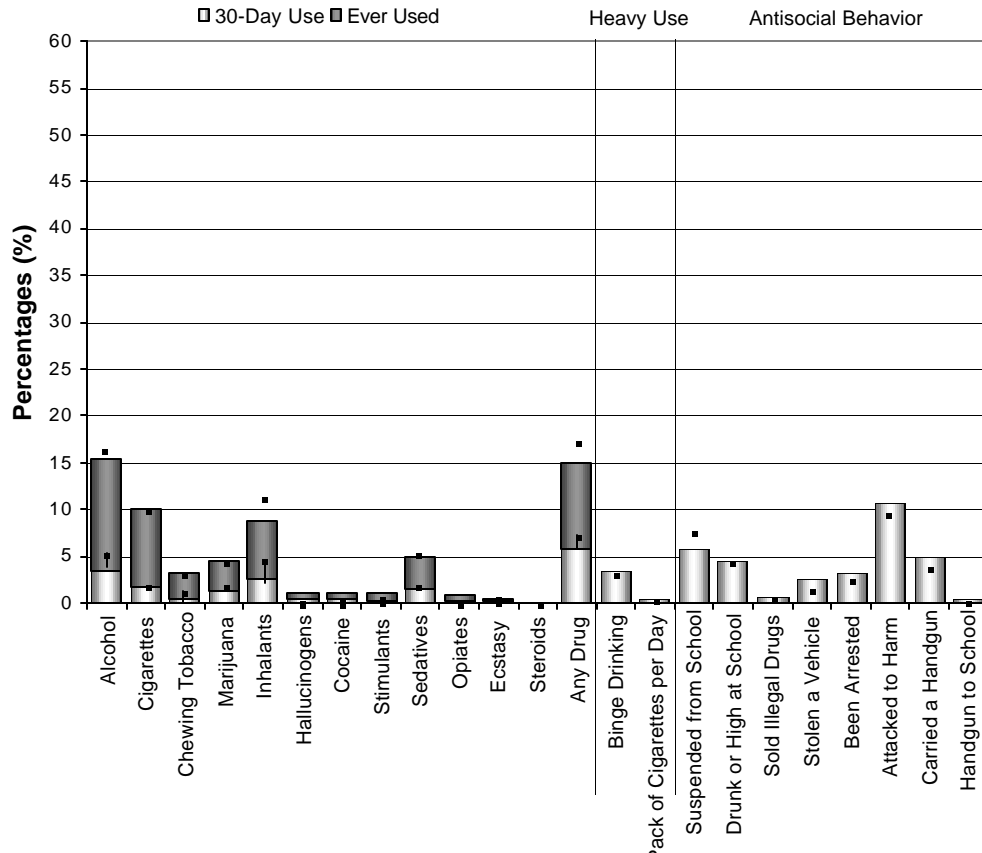


## Referral Source by Year

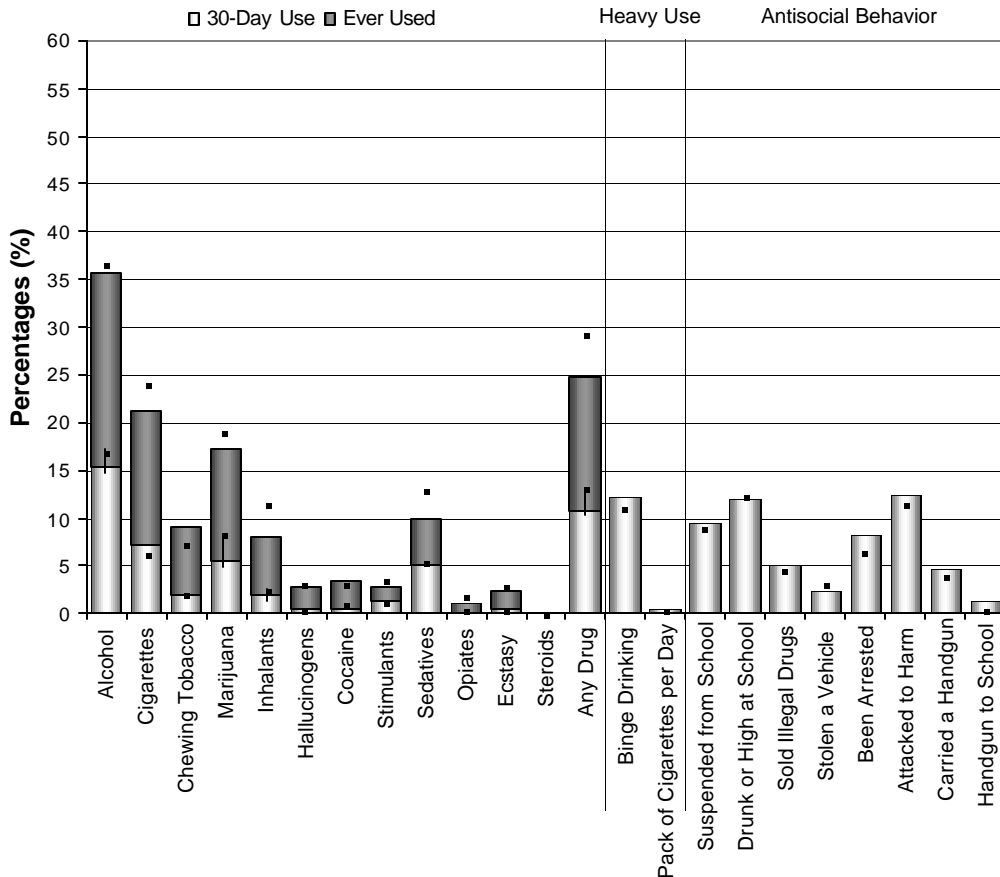




## ATOD Use and Antisocial Behavior 2003 Student Survey, Middle School



## ATOD Use and Antisocial Behavior 2003 Student Survey, High School



# Valley Mental Health

## (Summit County)

### Prevention:

Valley Mental Health-Summit provided a spectrum of prevention services for Summit County residents in 2003. Prevention programs were offered in many different locations, to various age groups, employing an array of strategies, and addressing the three prevention populations: *Universal*, e.g., Prevention Media Literacy Middle School Program; *Selected*, e.g., Parenting Education Courses; and *Indicated*, e.g. Risk Alternative Program for adolescent first time offenders.

The Parenting Education Classes have taken off this year. The frequently held classes have been well attended in Park City, Kamas, and Coalville. The new high school Peer Leader program is also off to a healthy start.

Our social norms approach prevention strategy, The Majority Report, gained momentum and is now going full throttle. Four Park City High School Student interns helped jump start the project. They assisted in designing the logo, creating the initial ads, and they presented to Middle School students and community groups. They even appeared on local TV. The message, that most students are not doing alcohol and drugs (data from PCHS Survey of Student Norms; and the State's SHARP survey), is appearing in poster, newspaper, radio, and TV ads, as well as through presentations, radio interviews, newspaper articles, brochures, reports, and our website, [www.Majorityreport.com](http://www.Majorityreport.com). The goal is to replace the misperception that "everyone is doing it" with the real norm that most youth are alcohol and drug free. Research has shown this strategy to be effective in reducing youth substance use. It was chosen by the Prevention Advisory Committee because it addressed our priority risk factors, *Norms and attitudes favorable to substance use*. Though not everyone understands it, we have received wonderful support from students, parents, community leaders, and state level prevention specialists. We are very excited about the next phase of our campaign, which should launch around the first of the year.

### Treatment:

Valley Mental Health-Summit County (VMH) continued to develop and expand its mental health and substance abuse treatmentservices in 2003. Services target self-referred and court-ordered clients, and those referred by other sources such as school districts, medical care providers, or other government agencies. Our programs are designed specifically to meet the needs of the people of Summit County.

As a rural mental health and substance abuse treatment facility, we strive to meet the unique challenge of providing an array of services to a diverse community, which includes extremes in socioeconomics, a large Spanish-speaking population, and seasonal changes in the county's population size and overall makeup. Despite these challenges, we work to implement new programs with the need for flexibility uppermost in our minds. This flexibility allows for development of individualized treatment plans tailored to meet the specific needs of each of our clients.

To better serve our customers in outlying areas, VMH has satellite offices in both Coalville and Kamas, in addition to our main clinic in Park City. These locations improve access to treatment by providing services to clients in their own communities. We also provide on-site services to the male and female populations of the Summit County Jail at the Justice Center.



The Summit County unit of Valley Mental Health offers services in mental health, substance abuse, and dual diagnosis. A thorough assessment initiates the treatment planning process, and our therapists work with each client to create an individualized treatment plan. Individual, couples, family, and group therapy, and medication management services are offered as part of our continuum of care, and all treatment plans use evidence-based approaches to ensure effective treatment.

Spanish-speaking services are available at the Summit County unit in order to meet the needs of an increasing Hispanic population. These mental health and substance abuse services include assessment and referral, individual, couples, family and group counseling, medication management, psychoeducational classes, and/a variety of services for community advocacy and support.

A new addition to our substance abuse treatment program this year is a *Skills for Mindful Living* group designed for our recovering substance abuse and dual diagnosis clients. Based on a popular model of cognitive-behavioral therapy, this course assists clients in improving their ability to manage distress, regulate emotion, increase interpersonal effectiveness, and learn mindfulness techniques. These skills are all imperative in preventing relapse. This same group model has been available for our clients in mental health treatment for several years, and has been an important skill-building component of the recovery process.

Valley Mental Health has also initiated a cognitive-behavioral program for the female Utah State Prison inmates who are housed at the Summit County Jail. This program is focused on helping these women acquire life skills necessary for successful transition back into the community, such as parenting skills, emotion regulation and management, and other life skills necessary for interpersonal effectiveness and gainful employment. A similar program is offered for male inmates of the Summit County Jail; the *Life Skills Group* aims to help these men develop skills in anger management, relapse prevention, and interpersonal effectiveness, to help them prepare to return to life outside of a jail setting.

Finally, we continue to offer psychoeducational programs for court-ordered and voluntary clients, and are increasing our efforts in client education in both prevention and treatment programs. We offer courses in cognitive restructuring, alcohol and drug education, Prime for Life DUI education (offered in both English and Spanish), a Risk Alternative Program (RAP) for adolescents, and Parenting Education classes. These classes augment our treatment groups for adolescent substance abuse, addictions recovery groups, and a variety of specific treatment groups for women, men, and children or adolescents.

[www.vmh.com](http://www.vmh.com)



Coalville Office  
149 South Main Street



Kamas Office  
110 North Main Street



Park City Office  
1753 Sidewinder Drive

## Summit County -VMH Profile

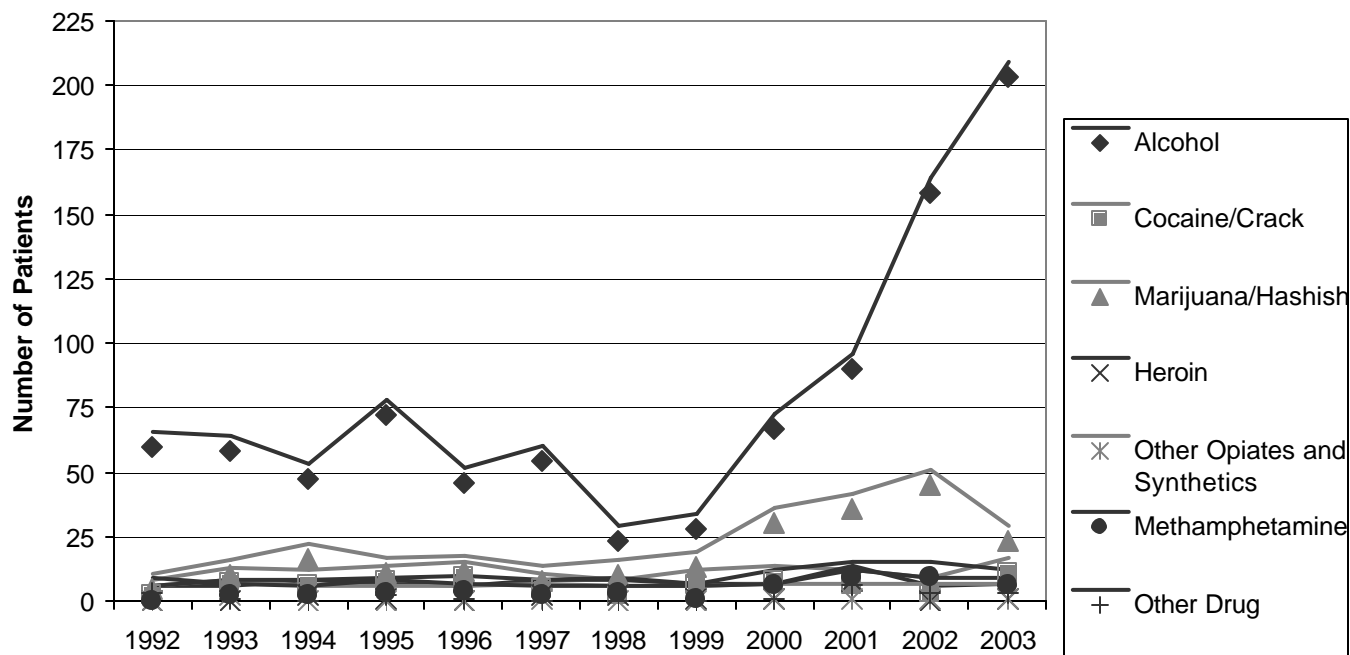
Age	Number	Percent
Under 18	31	12.5%
18 to 25	73	29.4%
26 to 35	64	25.8%
36 to 45	51	20.6%
46 to 65	29	11.7%
66 and over	0	0.0%
<b>Ethnicity</b>		
Puerto Rican	0	0.0%
Mexican	32	12.9%
Cuban	0	0.0%
Other Hispanic	5	2.0%
Not of Hispanic Origin	210	84.7%
Unknown	1	0.4%
<b>Income</b>		
Wages/Salary	214	86.3%
Public Assistance	2	0.8%
Retirement/Pension	0	0.0%
Disability	0	0.0%
Other	14	5.6%
None	18	7.3%
Unknown	0	0.0%

Race	Number	Percent
Alaskan Native	0	0.0%
American Indian	0	0.0%
Asian	2	0.8%
Pacific Islander	4	1.6%
Black/African American	1	0.4%
White	202	81.5%
Other	25	10.1%
Unknown	14	5.6%
<b>Highest Education Level Completed</b>		
11th Grade or Less	40	16.1%
Completed High School	72	29.0%
Some College	14	5.6%
Two Year College Degree	39	15.7%
Four Year Degree	28	11.3%
Graduate Work, No Degree	5	2.0%
Graduate Degree	8	3.2%
Unknown	42	16.9%

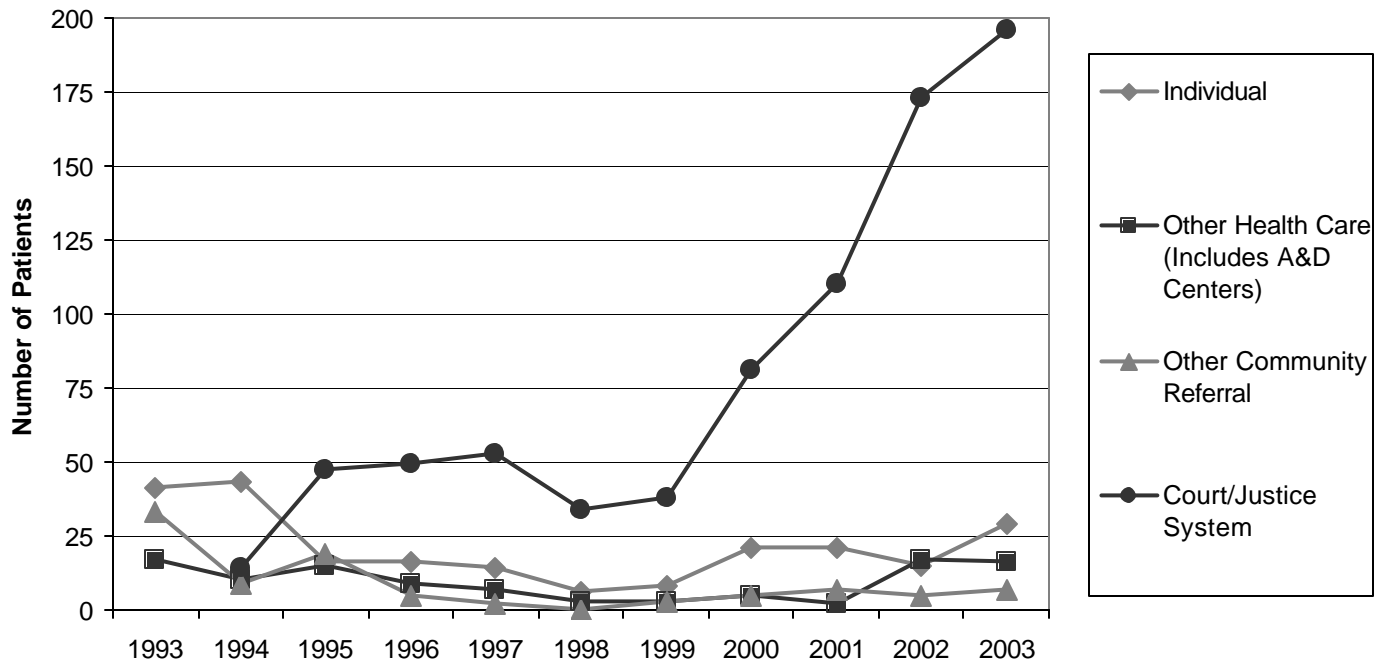
### Service Types

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Detoxification	0	0	0	0	0	0	0	0	0	0	3	1
Residential Short Term	0	0	0	0	0	0	0	0	0	0	5	4
Residential Long Term	0	0	0	0	0	0	0	0	0	0	0	1
Intensive Outpatient	0	0	0	0	0	0	0	0	0	0	0	0
Outpatient	85	92	76	97	79	76	43	52	114	156	211	242
<b>Totals:</b>	85	92	76	97	79	76	43	52	114	156	219	248

## Primary Substance of Abuse

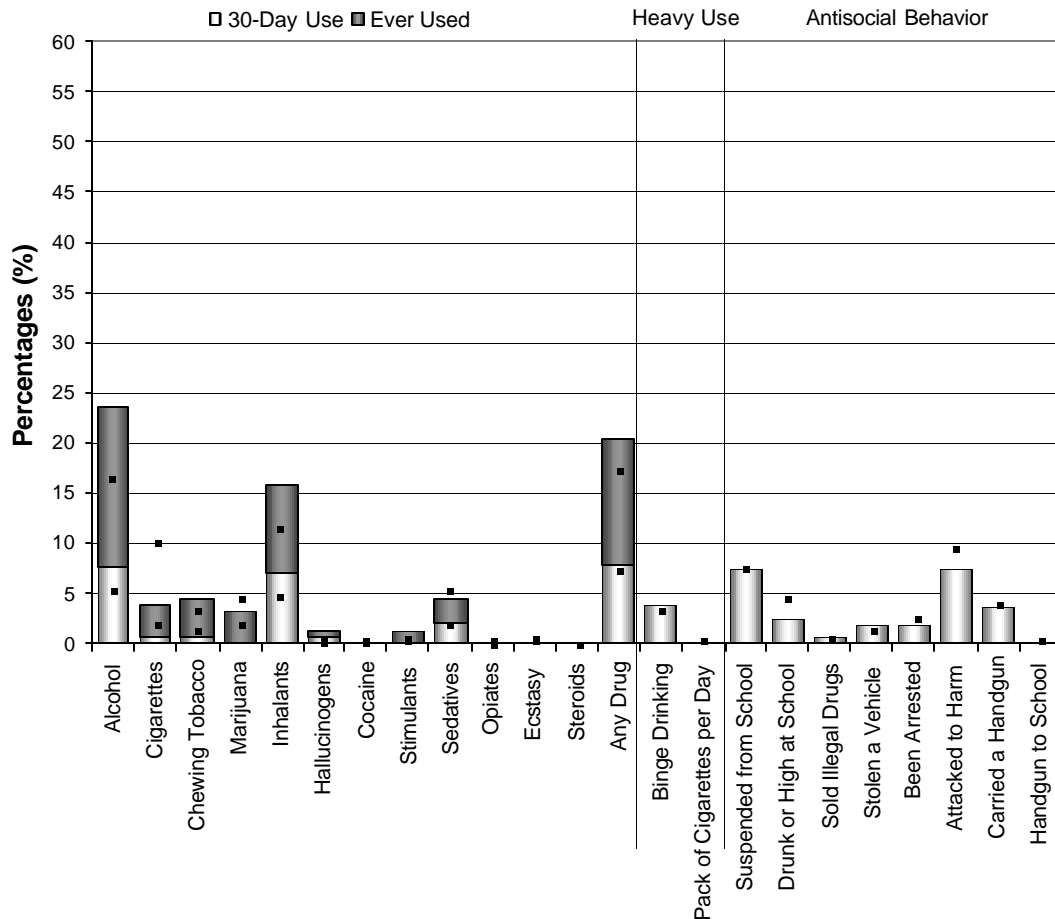


## Referral Source by Year



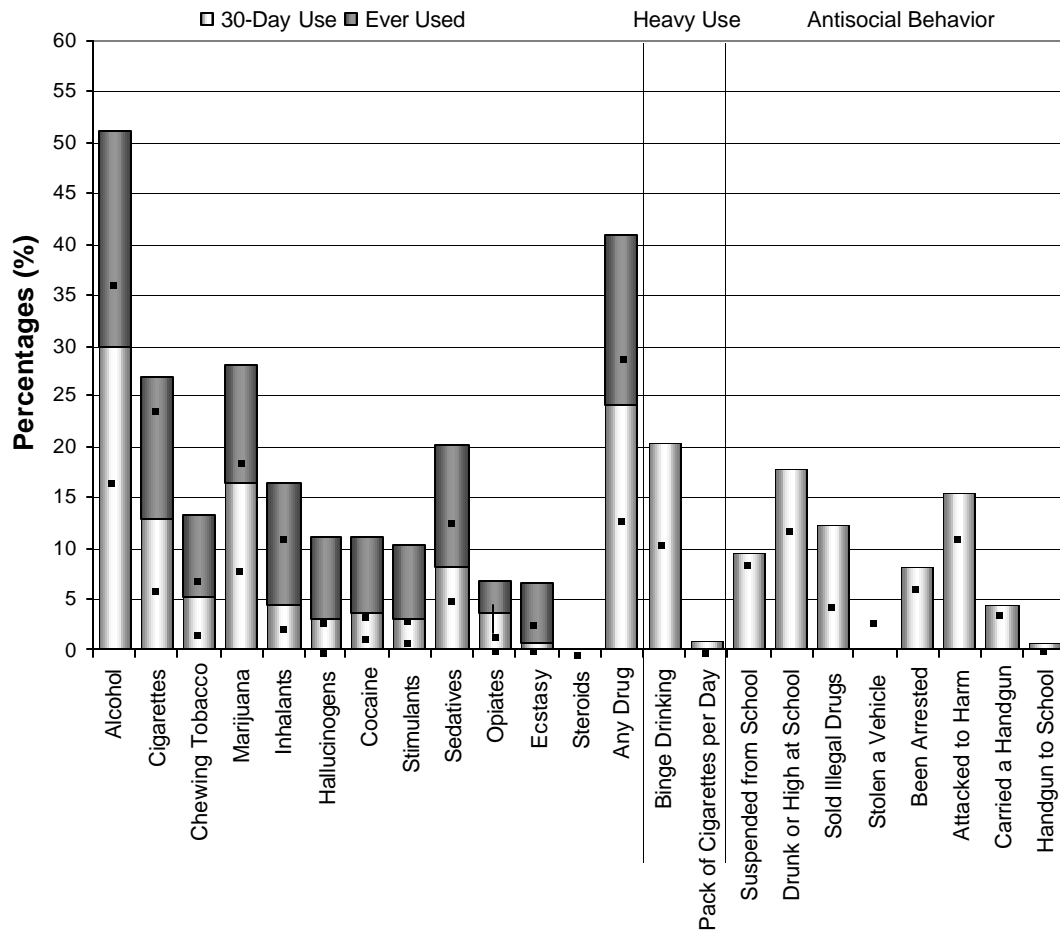
## ATOD Use and Antisocial Behavior

2003 Student Survey, Middle School



## ATOD Use and Antisocial Behavior

### 2003 Student Survey, High School



# Valley Mental Health

## (Tooele County)

### Alcohol and Drug/Adult Unit

The Valley Mental Health Tooele Unit Alcohol & Drug Team provides for both adults and adolescents, with or without accompanying mental health disorders (dual diagnosis). Staff are licensed therapists who conduct individual, couple, family and group sessions.

Alcohol and drug adult groups are conducted Monday through Thursday evenings. Other services are also provided by appointment. We offer support services to significant others and families involved with a chemically dependent person.

Services for youth include individual, couple, family and group counseling sessions.

### Prevention Unit

Valley Mental Health provides prevention and education services throughout Tooele county. We aim to reduce risks for substance abuse and violence through building healthy life skills and resiliency in children and families. Our prevention programming addresses specific needs of communities through school and family-based approaches. We promote healthy lifestyle choices through education, groups, activities and community involvement. Valley Mental Health also administers the State Incentive Cooperative Agreement (SICA) Grant in Tooele County. This grant has been instrumental in getting research-based prevention programs into our communities, targeting children ages 12-17.

For more information on our services, visit Valley Mental Health's website at [www.vmh.com](http://www.vmh.com).

### Tooele County - VMH Profile

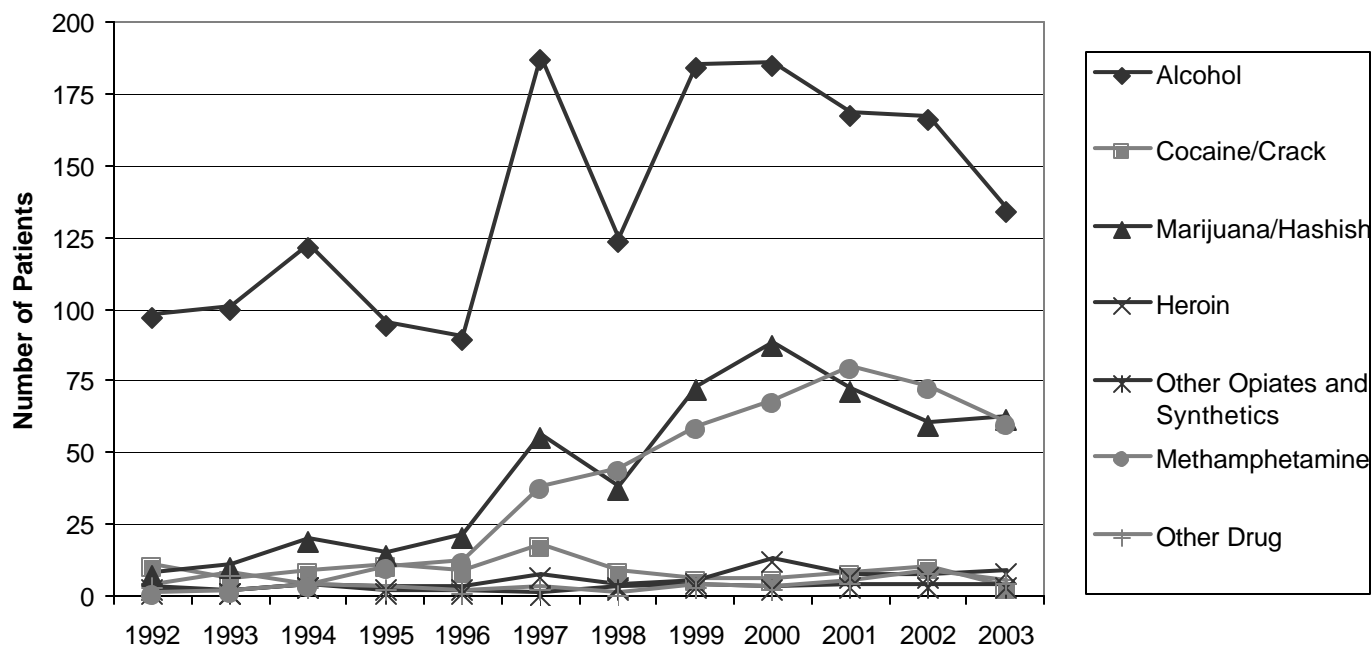
Age	Number	Percent
Under 18	54	19.9%
18 to 25	95	35.1%
26 to 35	53	19.6%
36 to 45	50	18.5%
46 to 65	18	6.6%
66 and over	1	0.4%
Ethnicity		
Puerto Rican	0	0.0%
Mexican	4	1.5%
Cuban	0	0.0%
Other Hispanic	28	10.3%
Not of Hispanic Origin	239	88.2%
Unknown	0	0.0%
Income		
Wages/Salary	177	65.3%
Public Assistance	9	3.3%
Retirement/Pension	6	2.2%
Disability	0	0.0%
Other	3	1.1%
None	76	28.0%
Unknown	0	0.0%

Race	Number	Percent
Alaskan Native	0	0.0%
American Indian	9	3.3%
Asian	1	0.4%
Pacific Islander	0	0.0%
Black/African American	0	0.0%
White	252	93.0%
Other	5	1.8%
Unknown	4	1.5%
Highest Education Level Completed		
11th Grade or Less	106	39.1%
Completed High School	107	39.5%
Some College	20	7.4%
Two Year College Degree	26	9.6%
Four Year Degree	4	1.5%
Graduate Work, No Degree	0	0.0%
Graduate Degree	8	3.0%
Unknown	0	0.0%

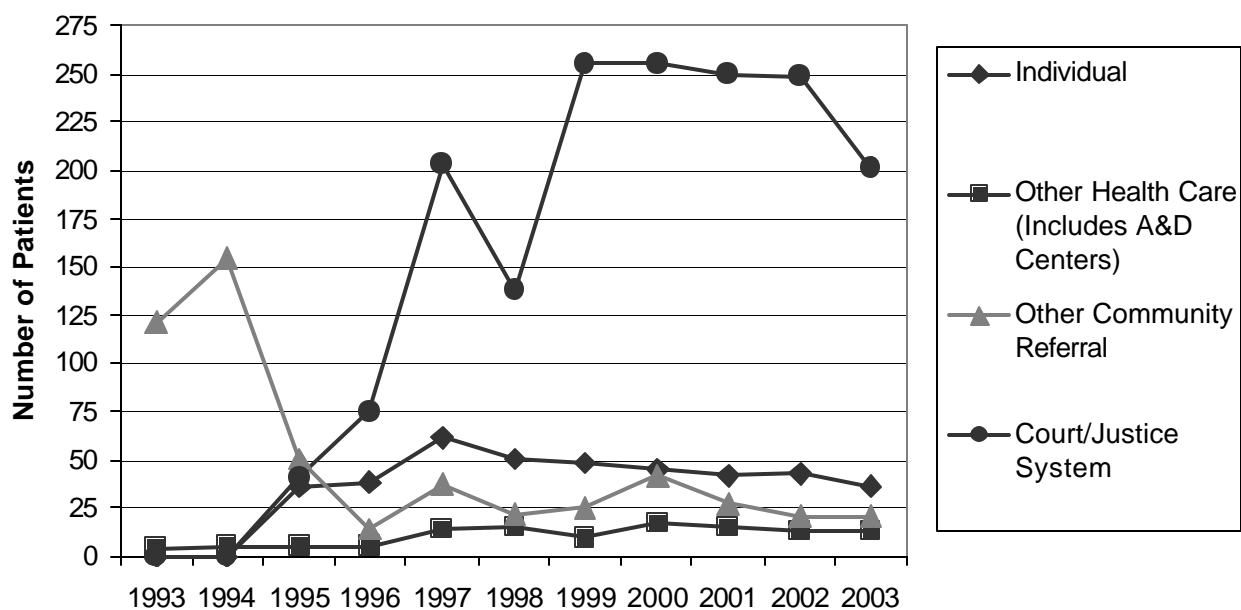
### Service Types

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Detoxification	0	0	1	0	0	0	0	0	0	0	0	0
Residential Short Term	1	0	0	0	0	0	0	0	0	0	0	1
Residential Long Term	0	0	0	0	0	0	0	0	0	0	0	0
Intensive Outpatient	0	3	16	0	0	0	0	0	0	0	0	0
	1	3	17	0	0	0	0	0	0	0	0	1

### Primary Substance of Abuse

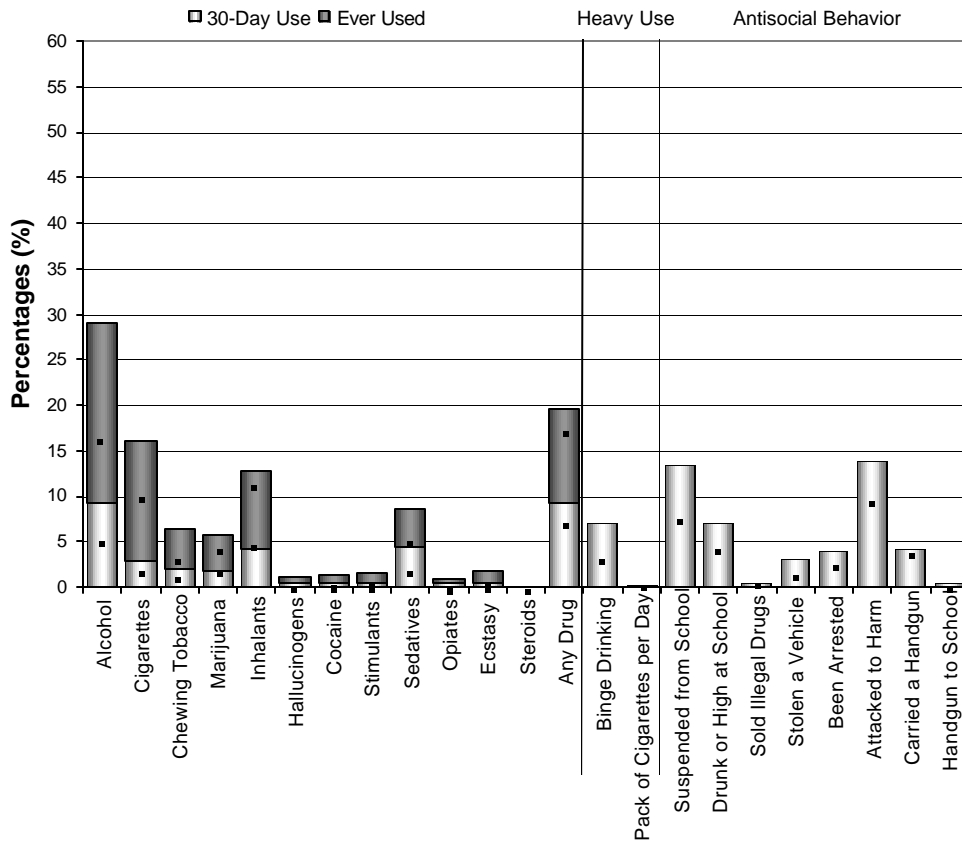


### Referral Source by Year



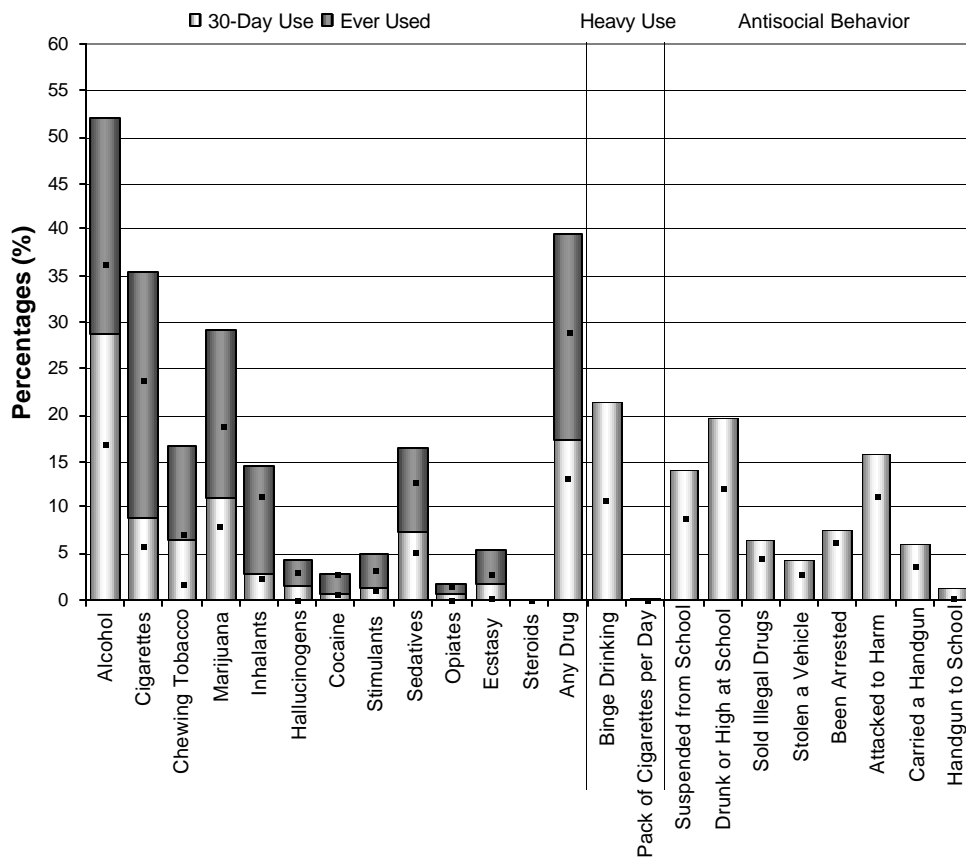
## ATOD Use and Antisocial Behavior

2003 Student Survey, Middle School



## ATOD Use and Antisocial Behavior

2003 Student Survey, High School





# Utah County Division of Substance Abuse

## (Utah County)

### Treatment

The Utah County Division of substance Abuse was notified in June of 2003, that it was awarded a Federal Grant to provide additional treatment services to the Utah 4<sup>th</sup> District Juvenile Drug Court. This is the second major federal grant awarded to Utah County in the last 12 months. The grant will provide up to \$300,000 per year for increased treatment opportunities for youth with substance abuse problems by expanding the outpatient capacity of the present program, and allowing the Division to commit funds to youth residential treatment for the first time. The grant funds will help the Division provide intensive outpatient and specialized residential treatment in addition to the services presently provided. Treatment capacity will be expanded from 24 clients at any one time to up to 52 per year. The grant is renewable for up to three years.

In March of 2003, the Division in collaboration with the Utah Alcoholism Foundation, opened the House of Hope – Provo. UAF has operated the House of Hope Women and Children's program in Salt Lake City since 1992, and is using their special expertise to offer a similar program in Utah County (<http://www.uafut.org/>). UAF converted an existing facility in Provo to house this program for pregnant women, mothers, and mothers going through the reunification process with DCFS to regain custody of their children. Women who are admitted to this level of care are able to bring their children along with them. The children themselves are evaluated and treated for developmental, behavioral, and emotional problems that may partially be a result of their mother's addiction. Therapeutic child care services are provided for the children while their mothers are in treatment. The facility is able to provide treatment for up to 16 women and 32 children. Most women receiving treatment at the House of Hope – Provo are participating in the 4<sup>th</sup> District Juvenile Court Family Drug Court program.

In 2004, the Division will be moving into new offices located south of its present location in downtown Provo. The new facilities provide a substantial increase in space for all programs and services offered by the County, plus room to grow as the County population grows. With the relocation to new premises, the Division will change its name from the Division of Human Services to the Division of Substance Abuse – a clearer description of its mission. New name, new address, new phone numbers, and new space!

In anticipation of all the changes for the coming year, the Division looked back at its accomplishments in the past five years:

- ? The Division's budget has doubled from \$2.8 million to \$5.6 million
- ? Treatment capacity has doubled
- ? The felony drug court program has doubled in size from a capacity of 40 clients to 80
- ? Two new drug court programs (family and youth) in seven different courtrooms were established providing drug court treatment for 92 clients
- ? youth drug court capacity grew from 24 to 52
- ? The Division designed, built, and occupied a new adult residential treatment facility
- ? The Division now offers a complete continuum of care for adults, women with dependent children, and youth
- ? Public treatment choices expanded through procurement efforts and grant writing





- ? An in-house drug testing laboratory was established, saving time and money while improving reliability and turnaround time
- ? The Division had improved the frequency, variety, and quality of collaborative relationships with other human service agencies
- ? All of this has been achieved with no increased demand on County General Fund monies during the past five years!

## Prevention

Every school aged child in Utah County receives universal prevention education through science-based programs funded by the Division. Targeted prevention services are provided to high risk youth referred primarily by the school districts through programs operated jointly by the school districts and the Division. Prevention programs for college aged young adults are provided through agreements with Utah Valley State College, primarily targeting prevention of binge drinking among college aged youth and young adults.

Using the *Communities that Care* prevention program, the three priority risk factors for youth in Provo were identified. These are family conflict, early initiation of drugs, and low neighborhood attachment and community disorganization. Interventions designed to reduce the impact of these risk factors are:

- ? Offering the *Communities that Care* program again to all of Utah County.
- ? Offering the *Parents Who Care* program in Utah County through contracted providers in most communities.
- ? Supporting a strategy called *Community Policing and Neighborhood Grants* through which we are addressing low neighborhood attachment.
- ? Implementing *Youth and Families with Promise* and *The Prevention and Relationship Enhancement Program (PREP)* throughout Utah County.
- ? We are also teaming up with the Provo Police Department to deliver a targeted community based intervention program in one problem neighborhood.

In September, the Division hosted Prevention Night with the Provo Angels baseball team. This community activity provided free baseball tickets to public school students and provided an opportunity to provide substance abuse prevention information to all in attendance.

[www.utahcountysubstanceabuse.org](http://www.utahcountysubstanceabuse.org)



## Utah County Profile

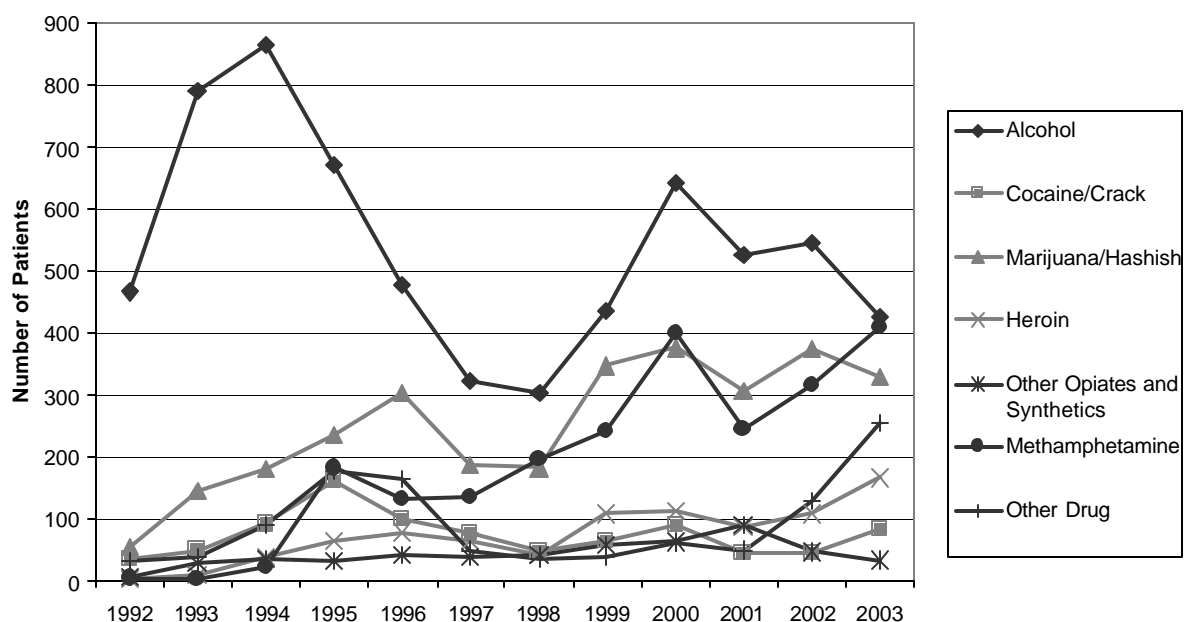
Age	Number	Percent
Under 18	99	5.8%
18 to 25	721	42.3%
26 to 35	523	30.7%
36 to 45	264	15.5%
46 to 65	97	5.7%
66 and over	0	0.0%
<b>Ethnicity</b>		
Puerto Rican	7	0.4%
Mexican	44	2.6%
Cuban	0	0.0%
Other Hispanic	75	4.4%
Not of Hispanic Origin	1223	71.8%
Unknown	355	20.8%
<b>Income</b>		
Wages/Salary	455	26.7%
Public Assistance	109	6.4%
Retirement/Pension	10	0.6%
Disability	30	1.8%
Other	314	18.4%
None	683	40.1%
Unknown	103	6.0%

Race	Number	Percent
Alaskan Native	1	0.1%
American Indian	23	1.3%
Asian	3	0.2%
Pacific Islander	7	0.4%
Black/African American	11	0.6%
White	1570	92.1%
Other	11	0.6%
Unknown	78	4.6%
<b>Highest Education Level Completed</b>		
11th Grade or Less	712	41.8%
Completed High School	624	36.6%
Some College	120	7.0%
Two Year College Degree	191	11.2%
Four Year Degree	44	2.6%
Graduate Work, No Degree	3	0.2%
Graduate Degree	9	0.5%
Unknown	1	0.1%

### Service Types

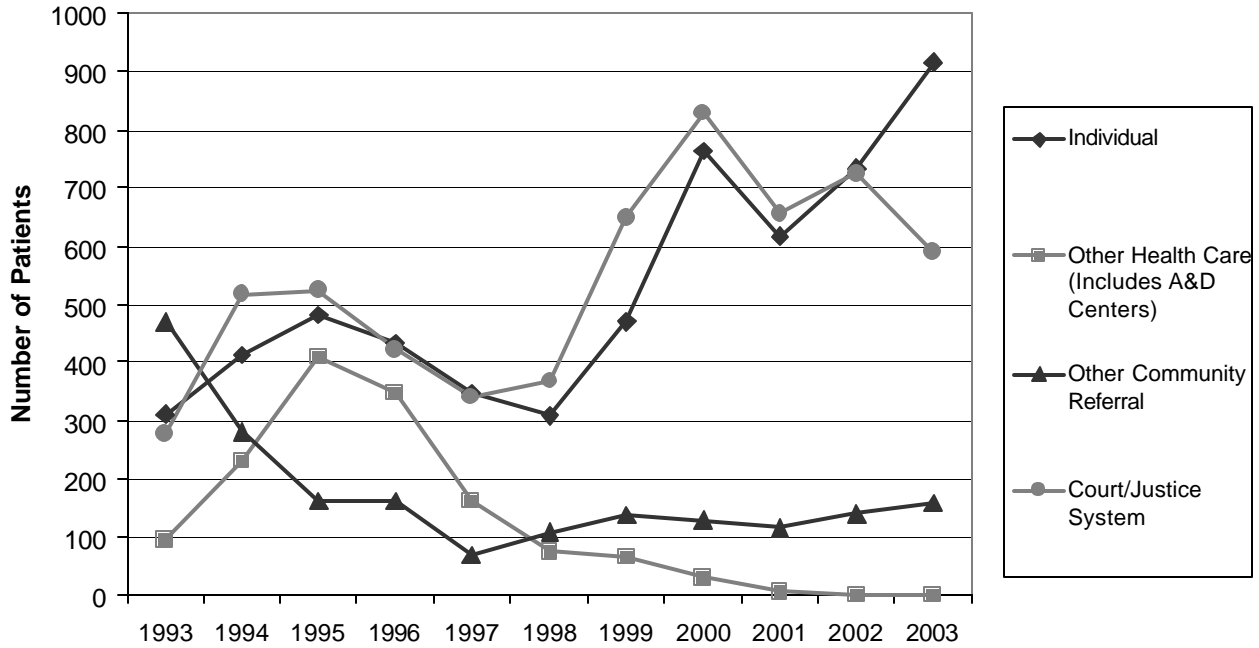
	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Detoxification	243	392	458	369	111	70	39	136	231	188	234	259
Residential Short Term	3	16	4	146	269	254	244	326	636	549	636	679
Residential Long Term	158	189	176	93	13	3	0	0	0	0	0	0
Intensive Outpatient	10	13	5	78	171	105	211	461	429	326	373	384
Outpatient	235	553	804	894	832	501	368	404	494	368	390	382
<b>Totals:</b>	<b>649</b>	<b>1163</b>	<b>1447</b>	<b>1580</b>	<b>1396</b>	<b>933</b>	<b>862</b>	<b>1327</b>	<b>1790</b>	<b>1431</b>	<b>1633</b>	<b>1704</b>

### Primary Substance of Abuse

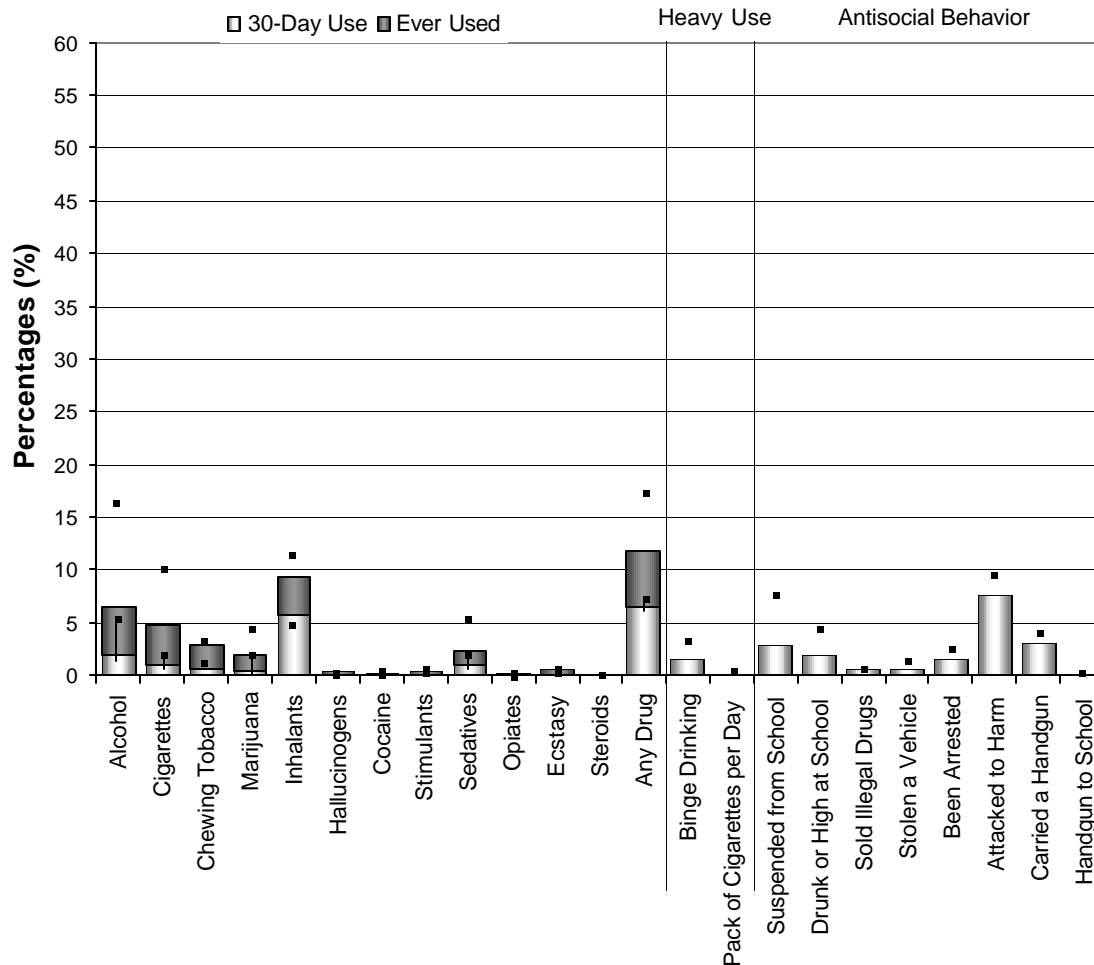




## Referral Source by Year

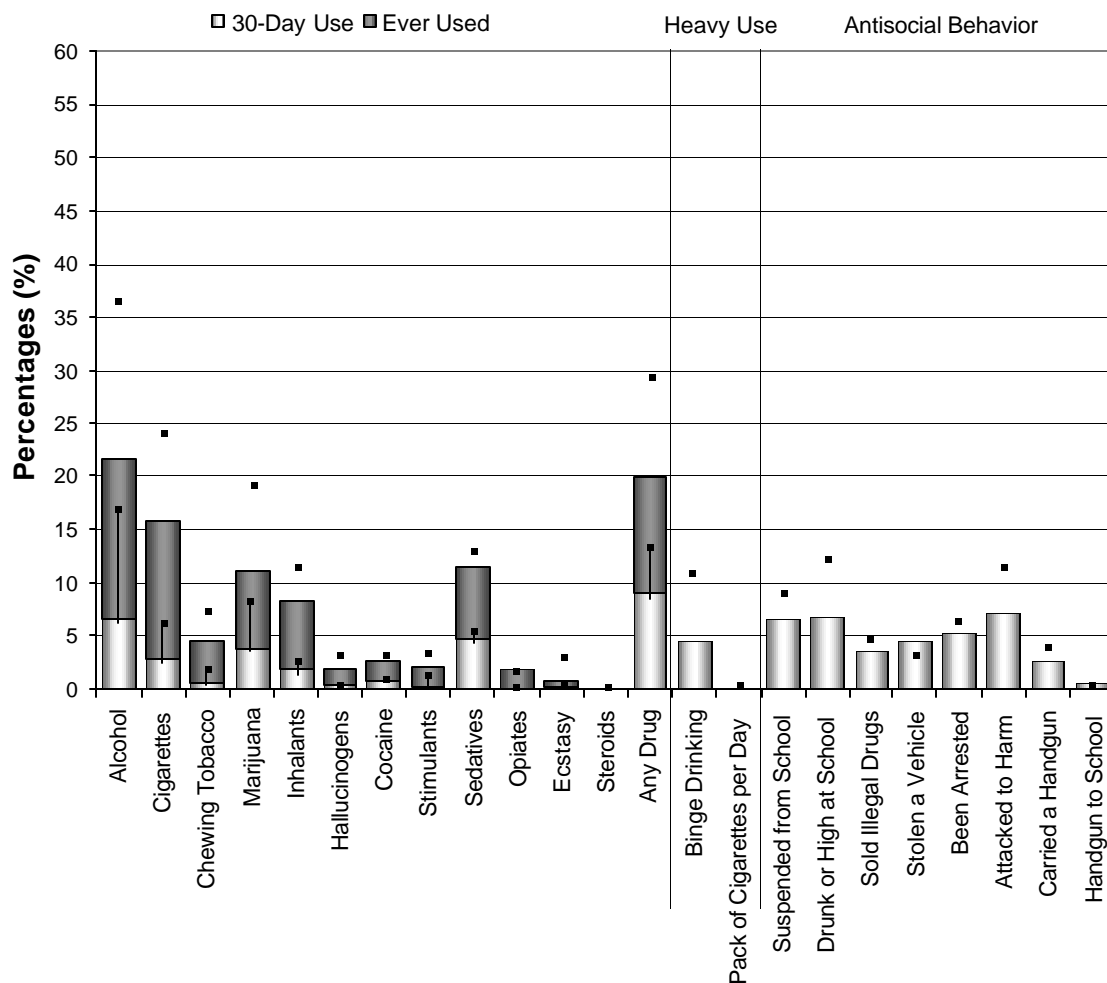


## ATOD Use and Antisocial Behavior 2003 Student Survey, Middle School





# **ATOD Use and Antisocial Behavior** **2003 Student Survey, High School**





# **Wasatch County Center for Alcohol and Drug Services (Wasatch County)**

Wasatch County Center for Alcohol and Drug Services serves the communities of Heber, Midway, Charleston, Daniels, Wallsburg and Timber Lakes, which is commonly known as the Heber Valley. Wasatch County is one of the faster growing counties in the State and has substantial growth predicted by the Governor's Office of Budget and Planning. It will be a challenge through the foreseeable future to serve the rapidly growing and diverse population.

## **Drug Court**

Wasatch County obtained State and Federal funding in 2001 to implement a Felony Drug Court. Felony Drug Court is a partnership between Wasatch County Sheriffs Department, Fourth District Court, and Wasatch County Center for Alcohol and Drug Services. The Center for Alcohol and Drug Services provides the program administration, client administration, and the treatment component for the Court. The Court currently has 18 participants and can provide services for up to 20 participants at any given time. Planning is underway to implement a Family Drug Court within the next year. All agencies involved in Wasatch County's Federal Drug Court feel that the program is reaching the desired outcomes with felony drug offenders.

## **Treatment**

The treatment services at the Wasatch Center for Alcohol and Drug Services include screening, assessment, referral, general outpatient therapy, and an intensive outpatient program which includes a monthly intensive experiential therapy day. Residential and other more intensive services are provided under contract with various residential programs in the State. Both adult and adolescent Prime For Life DUI education classes are provided monthly.

## **Prevention**

Wasatch County Center for Alcohol and Drug Services received the SICA (State Incentive Cooperative Agreement) Grant to expand prevention services. Because of this grant, prevention in Wasatch County is being expanded to include science-based programs which address risk and protective factors specific to Wasatch County. The science-based program chosen for Wasatch County is Communities Mobilizing for a Change on Alcohol. The goals of this project are to reduce the number of alcohol outlets that sell to young people; reduce the availability of alcohol from non-commercial sources, such as parents, siblings, and peers; and reduce community tolerance for underage purchase and consumption of alcohol by changing cultural norms that permit and glamorize underage drinking. Bridges: Bringing together Hispanic and Caucasian communities consists of a life skills education class offered for parents of Hispanic students and was designed to meet specific needs of our Hispanic community. Through the SICA Funding the Youth and Families for Promise Mentoring Program sponsored by Utah State University Extension will be expanded to include more "Family Night" classes.

Prevention Services collaborates with many other agencies to provide services. "Issues", an annual



community conference, tackles issues facing youth and families today. Over 600 Jr. high and high school students and their parents attend every year. Prevention Services also oversees Governors Youth Council and Improv Group, made up of student volunteers, who create, organize, and implement anti-drug messages and educational presentations throughout the community. Prevention Services also implements Prevention Dimensions throughout Wasatch County Schools to provide students of all ages with education about drugs, alcohol, problem solving, life skills, character education, and healthy human development. D.A.R.E. is taught to all 5<sup>th</sup> Grade Students by law enforcement to promote healthy lifestyles and drug awareness. The program works on developing social skills and builds positive relationships with local law enforcement.

Because of our small community, Prevention Specialists are able to provide presentations to church groups, school classes, and other community groups on a variety of alcohol and drug related topics. Currently, the “Media Literacy” presentation is being promoted to educate residents of Wasatch County on the influence the media has on the choices they make.

“Majority Rules” is the slogan for this year’s anti-drug campaign. It is used to convey the message that the majority of kids don’t use alcohol, tobacco, and other drugs. This slogan was used during Ribbon Week and will be incorporated into all of the prevention programs and presentations throughout the next year.

## Wasatch County Profile

Age	Number	Percent
Under 18	5	7.7%
18 to 25	16	24.6%
26 to 35	18	27.7%
36 to 45	16	24.6%
46 to 65	10	15.4%
66 and over	0	0.0%
<b>Ethnicity</b>		
Puerto Rican	0	0.0%
Mexican	1	1.5%
Cuban	0	0.0%
Other Hispanic	0	0.0%
Not of Hispanic Origin	64	98.5%
Unknown	0	0.0%
<b>Income</b>		
Wages/Salary	47	72.3%
Public Assistance	1	1.5%
Retirement/Pension	0	0.0%
Disability	5	7.7%
Other	4	6.2%
None	6	9.2%
Unknown	2	3.1%

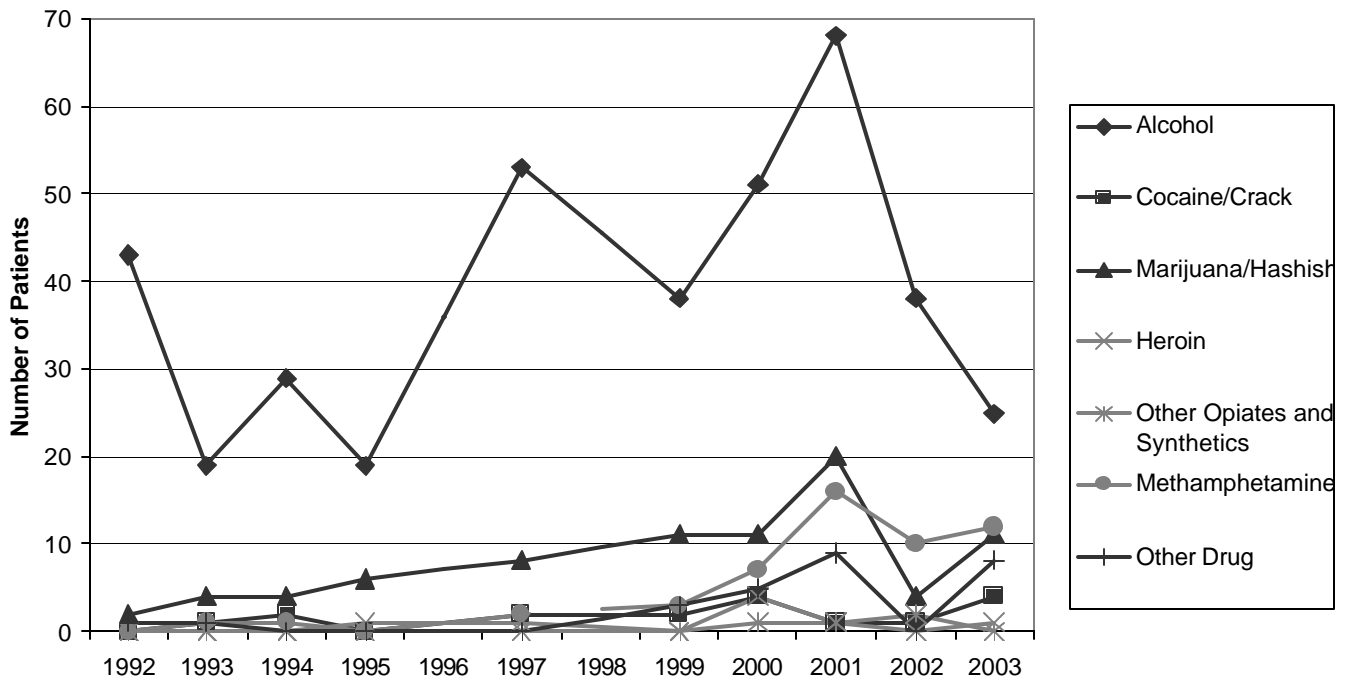
Race	Number	Percent
Alaskan Native	0	0.0%
American Indian	0	0.0%
Asian	0	0.0%
Pacific Islander	0	0.0%
Black/African American	0	0.0%
White	65	100.0%
Other	0	0.0%
Unknown	0	0.0%
<b>Highest Education Level Completed</b>		
11th Grade or Less	17	26.2%
Completed High School	24	36.9%
Some College	8	12.3%
Two Year College Degree	11	16.9%
Four Year Degree	3	4.6%
Graduate Work, No Degree	0	0.0%
Graduate Degree	2	3.1%
Unknown	0	0.0%

## Service Types

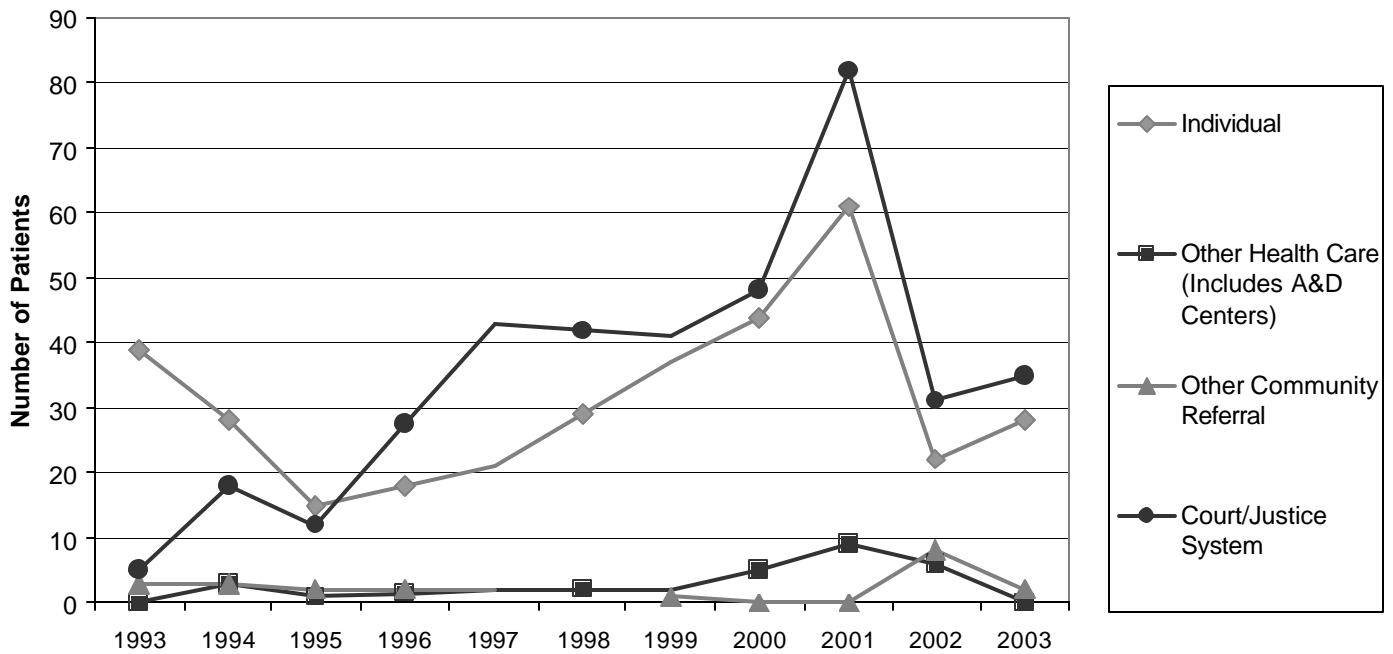
	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Detoxification	0	0	1	0	missing	1	missing	1	0	0	1	0
Residential Short Term	0	0	0	0	missing	0	missing	0	1	0	0	0
Residential Long Term	0	0	0	0	missing	0	missing	0	0	0	0	0
Intensive Outpatient	69	0	0	0	missing	0	missing	0	0	0	0	0
Outpatient	0	47	51	30	missing	67	missing	80	96	152	66	65
<b>Totals:</b>	69	47	52	30	0	68	0	81	97	152	67	65



## Primary Substance of Abuse



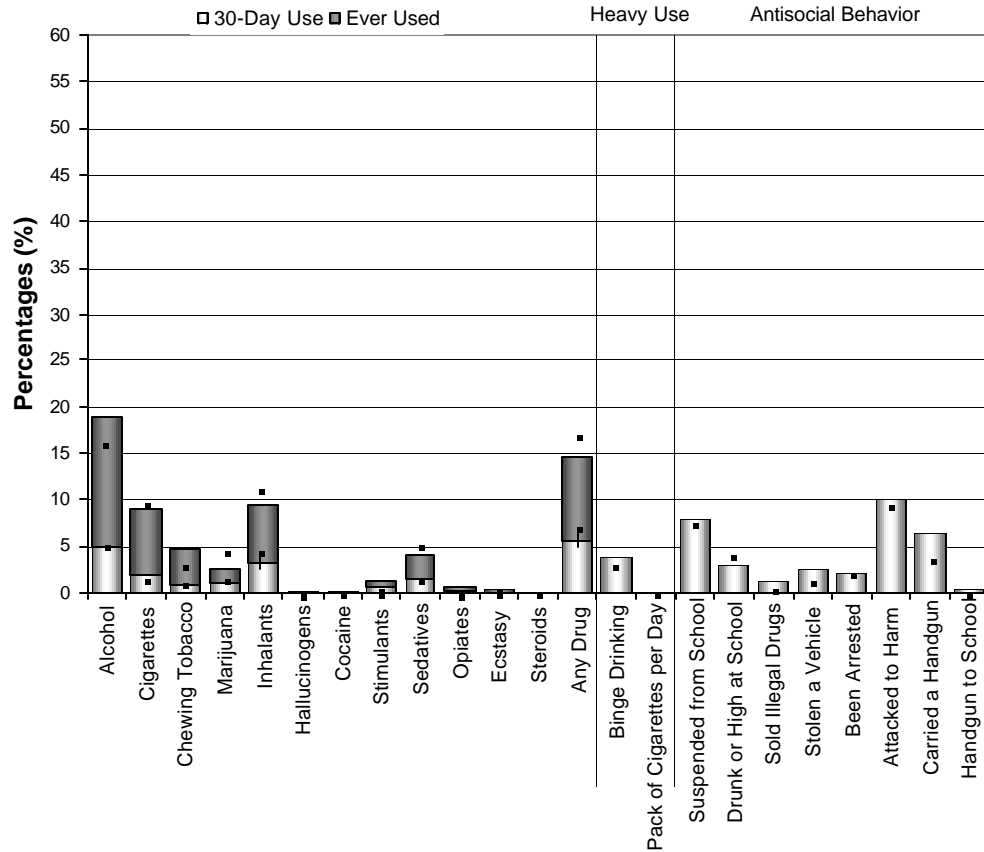
## Referral Source by Year





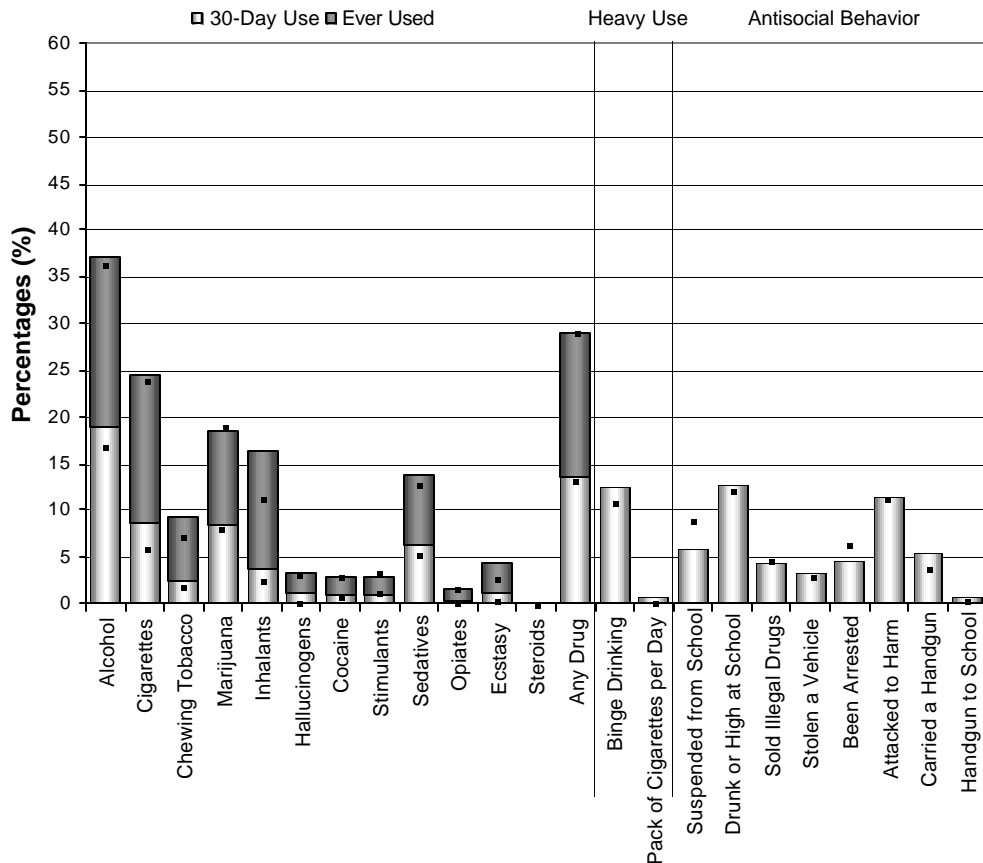
## ATOD Use and Antisocial Behavior

2003 Student Survey, Middle School



## ATOD Use and Antisocial Behavior

2003 Student Survey, High School





## Weber Human Services (Weber and Morgan Counties)

Like all public agencies, Weber Human Services continues to face increasingly difficult obstacles that impact the way in which we serve our community. The two most pressing obstacles we face today are: 1) enhanced compliance regulations, and 2) declining funding.

In this changing environment, we have renewed our efforts to ensure that quality outcome based services are being delivered to our clients in the most cost effective manner possible. These efforts have included the design and implementation of a clinical performance management system that uses data to measure and affirm our progress toward concrete goals.

As a part of this performance management system, we have implemented strategic management and leadership principles aimed at reducing non-client centered activities. Some of these principles include:

- ? Measuring and rewarding employee performance,
- ? Reducing initial and continuing missed or cancelled appointments,
- ? Eliminating redundant paperwork,
- ? Minimizing time spent in meetings, and
- ? Reducing non-billable activities.

As a result, significant improvement has been made in increasing the amount of time that our employees spend in direct client care. For example, comparing the first quarter of fiscal year 2002 to the first quarter of fiscal year 2003:

- ? We have measured a 22% increase in direct service hours delivered by employees who were employed during both comparison periods.
- ? Employees hired since the beginning of the performance management system implementation, have produced 41% more direct service hours than employees who have since left the agency.
- ? We have been able to achieve these improvements with approximately 4% fewer clinical employees.

The following table describes in detail the percent increase in direct service hours measured in the primary services we provide to our community.

Service Type	Percent Increase
All Service Types	25%
Evaluations	54%
Individual Therapy	5%
Group Therapy	37%
Targeted Case Management	41%

## Weber Human Services Profile

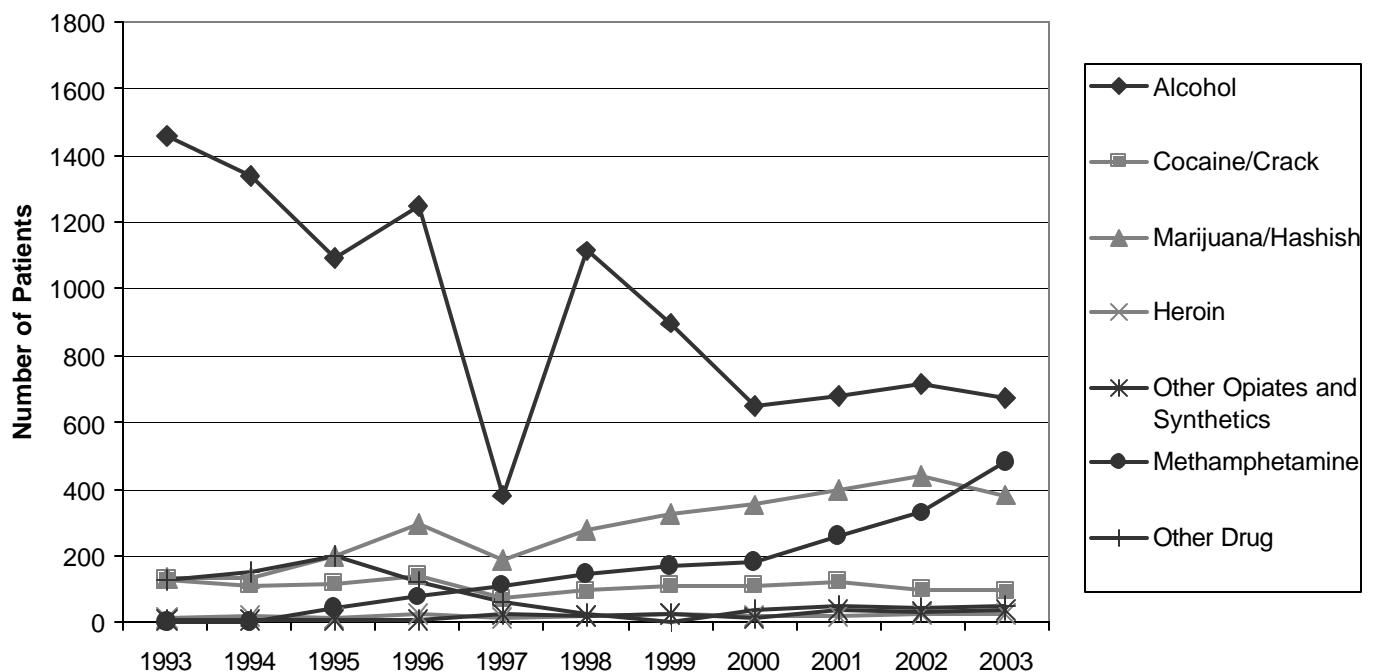
Age	Number	Percent
Under 18	162	9.4%
18 to 25	433	25.1%
26 to 35	470	27.2%
36 to 45	446	25.8%
46 to 65	209	12.1%
66 and over	6	0.3%
Ethnicity		
Puerto Rican	3	0.2%
Mexican	119	6.9%
Cuban	1	0.1%
Other Hispanic	172	10.0%
Not of Hispanic Origin	1382	80.0%
Unknown	51	3.0%
Income		
Wages/Salary	572	33.1%
Public Assistance	110	6.4%
Retirement/Pension	64	3.7%
Disability	65	3.8%
Other	247	14.3%
None	649	37.6%
Unknown	21	1.2%

Race	Number	Percent
Alaskan Native	0	0.0%
American Indian	21	1.2%
Asian	6	0.3%
Pacific Islander	5	0.3%
Black/African American	99	5.7%
White	1298	75.1%
Other	292	16.9%
Unknown	7	0.4%
Highest Education Level Completed		
11th Grade or Less	701	40.6%
Completed High School	705	40.8%
Some College	140	8.1%
Two Year College Degree	126	7.3%
Four Year Degree	26	1.5%
Graduate Work, No Degree	10	0.6%
Graduate Degree	0	0.0%
Unknown	20	1.2%

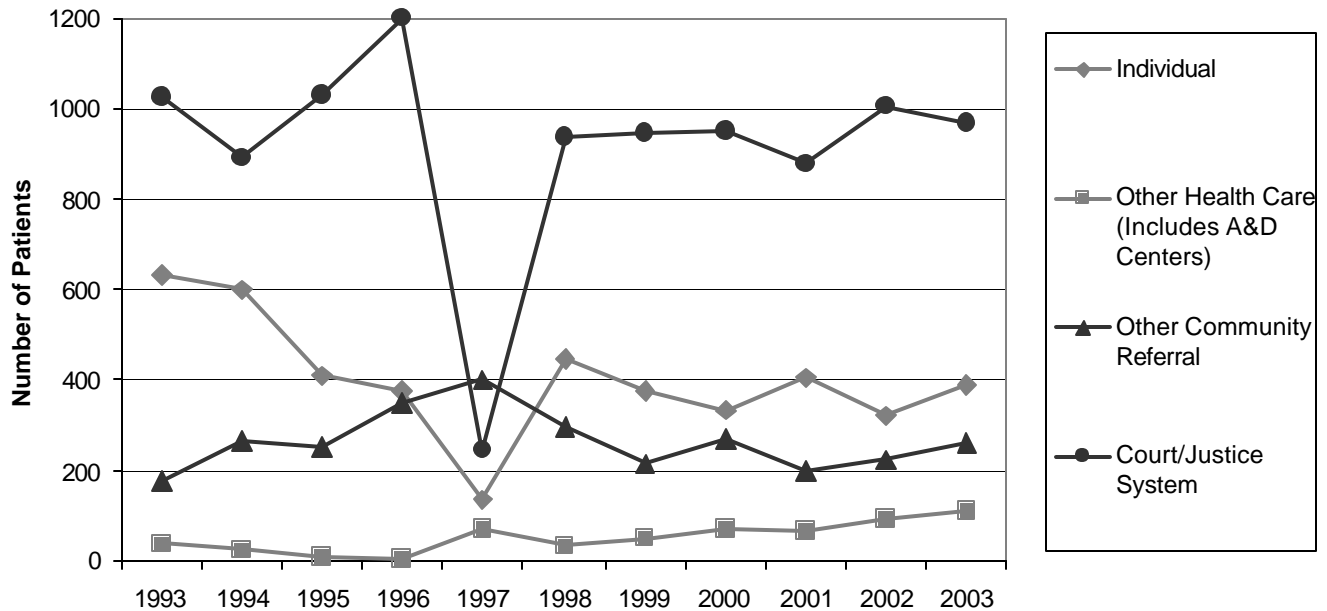
### Service Types

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Detoxification	288	375	354	227	189	2	497	132	80	0	172	264
Residential Short Term	653	144	0	0	0	6	0	0	0	113	0	0
Residential Long Term	163	86	97	130	322	0	211	240	153	226	172	111
Intensive Outpatient	0	0	0	0	0	0	0	0	0	27	20	21
Outpatient	956	1269	1332	1344	1423	847	1006	1211	1394	1184	1315	1332
<b>Totals:</b>	<b>2060</b>	<b>1874</b>	<b>1783</b>	<b>1701</b>	<b>1934</b>	<b>855</b>	<b>1714</b>	<b>1583</b>	<b>1627</b>	<b>1550</b>	<b>1679</b>	<b>1728</b>

## Primary Substance of Abuse

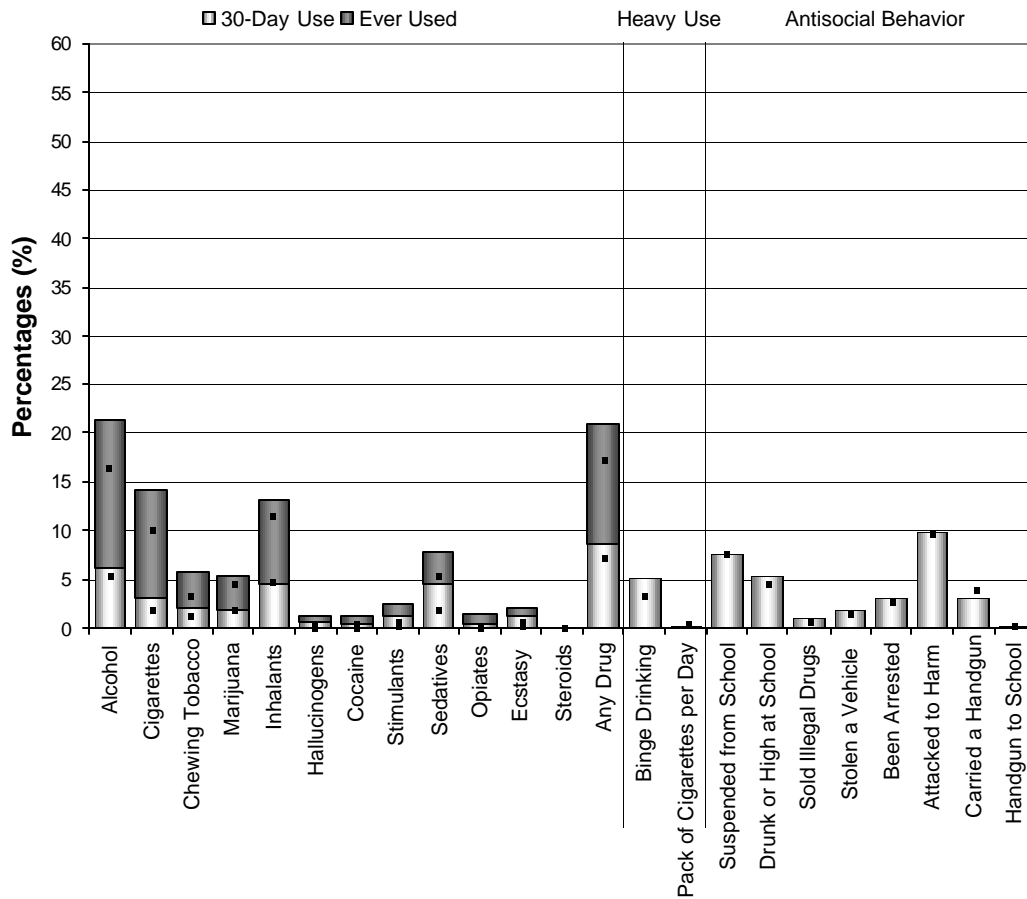


## Referral Source by Year



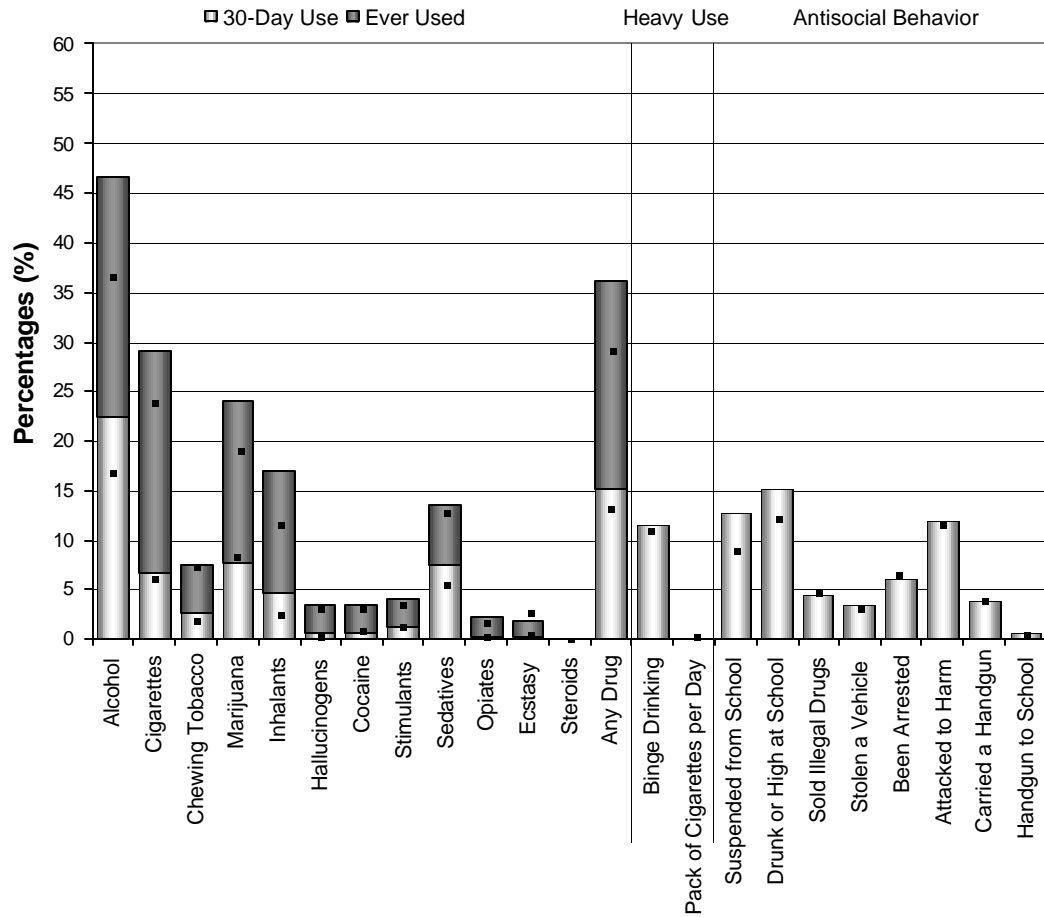
## ATOD Use and Antisocial Behavior

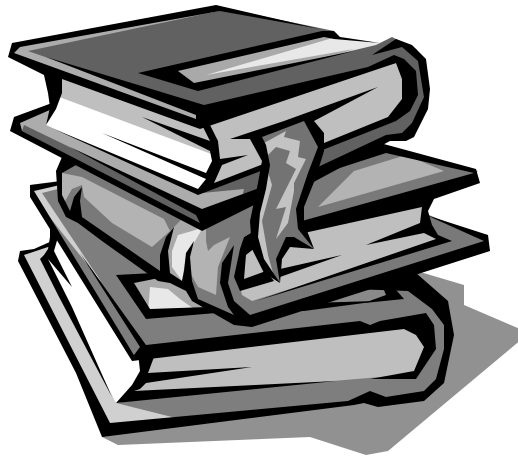
### 2003 Student Survey, Middle School



# ATOD Use and Antisocial Behavior

## 2003 Student Survey, High School





# Resources



# Directory of Substance Abuse Resources

## Utah Division of Substance Abuse and Mental Health (DSAMH)

### **State Authority:**

State Board of Substance Abuse  
and Mental Health  
120 North 200 West, Suite 201  
Salt Lake City, UT 84103-0500

### **Administrative Agency:**

Randall W. Bachman, M.Ed., Director  
Utah Division of Substance Abuse  
and Mental Health  
120 North 200 West, Suite 201  
P.O. Box 45500  
Salt Lake City, UT 84145-0500  
Office: (801) 538-3939  
Fax: (801) 538-4696  
[www.hsdsu.utah.gov](http://www.hsdsu.utah.gov)  
E-mail: [rbachman@utah.gov](mailto:rbachman@utah.gov)

### **Statewide Service Referral**

(866) 633-HOPE or  
(866) 633-4673

### **DSAMH Staff**

Randall W. Bachman, Director  
Brenda Ahlemann, Research Consultant  
Martha Anderson, Program Manager  
Karin Beckstrand, Secretary  
Rick Birrell, Information Analyst  
Steven Chen, Assistant Director  
Janina Chilton, Program Manager  
Craig Colton, Research Consultant  
Doug Cox, Support Services Coordinator  
Victoria Delheimer, Program Manager  
Mary Lou Emerson, Assistant Director  
Jan Fryer, Administrative Secretary  
Susan Hardinger, Executive Secretary  
Donna Hunter, Secretary  
Dixie Jensen, Accounting Technician  
Lori Kristjansson, Accountant

Jane Lewis, Program Support Specialist  
Tracy Luoma, Administrative Services Director  
Brent Kelsey, Program Manager  
Shawn Peck, Research Analyst  
Craig PoVey, Program Manager  
Merry Reed, Contract/Grant Analyst  
Angela Smart, Research Director  
Robert Snarr, Program Manager  
Michelle Staley, Program Manager  
Monica Taylor, Executive Secretary  
B.J. VanRoosendaal, Public Information Officer  
Ming Wang, Program Manager  
Holly Watson, Research Consultant



# Local Substance Abuse Authorities

## **Bear River**

Counties: Box Elder, Cache, and Rich

### **Local Substance Abuse Authority:**

Box Elder, Cache, & Rich Counties

M. Lynn Lemon

179 North Main

Logan, UT 84321

### **Administrative Agency:**

Brock Alder, Director

Bear River Health Department

Substance Abuse Program

655 East 1300 North

Logan, UT 84341

Office: (435) 752-3730

Fax: (435) 787-4930

## **Davis County**

Counties: Davis

### **Local Substance Abuse Authority:**

Davis County Board of Commissioners

P.O. Box 618

Davis County Courthouse

Farmington, UT 84025

### **Administrative Agency:**

Maureen Womack, M.S., Director

Davis Behavioral Health

291 South 200 West

P.O. Box 689

Farmington, UT 84025

Office: (801) 451-7799

Fax: (801) 451-6331

## **Central Utah**

Counties: Juab, Millard, Piute,

Sanpete, Sevier, and Wayne

### **Local Substance Abuse Authority:**

Central Utah MH/SA Authority Board Chair

160 North Main

Nephi, UT 84648

### **Administrative Agency:**

Doug Ford, Director

Central Utah Counseling Center

255 West Main St.

Mt. Pleasant, UT 84647

Office: (435) 462-2416

Fax: (435) 462-9350

## **Four Corners**

Counties: Carbon, Emery, and Grand

### **Local Substance Abuse Authority:**

Four Corners Community Behavioral Health

Carbon County Courthouse

120 East Main Street

Price, UT 84501

### **Administrative Agency:**

Bob Greenberg, M.Ed., LPC, Director

Four Corners Community Behavioral Health

101 West 100 North

P.O. Box 867

Price, UT 84501

Office: (435) 637-7200

Fax: (435) 637-2377



## Resources

### **Northeastern**

Counties: Daggett, Duchesne, and  
Uintah

#### **Local Substance Abuse Authority:**

Uintah Basin Tri-County MH/SA  
Local Authority Board  
1140 West 500 South  
PO Box 1908  
Vernal, UT 84078

#### **Administrative Agency:**

Ron Perry, Director  
Northeastern Counseling Center  
1140 West 500 South  
P.O. Box 1908  
Vernal, UT 84078  
Office: (435) 789-6300  
Fax: (435) 789-6325

### **San Juan County**

Counties: San Juan

#### **Local Substance Abuse Authority:**

San Juan MH/SA Special Service District  
Board  
356 South Main St.  
Blanding, UT 84511

#### **Administrative Agency:**

Dan Rogers, MSW, Director  
San Juan Counseling Center  
356 South Main St.  
Blanding, UT 84511  
Office: (435) 678-2992  
Fax: (435) 678-3116

### **Salt Lake County**

Counties: Salt Lake

#### **Local Substance Abuse Authority:**

Salt Lake County Mayor  
2001 South State Street  
Salt Lake City, UT 84190-1000

#### **Administrative Agency:**

Patrick Fleming, MPA, Director  
Salt Lake County  
Division of Substance Abuse Services  
2001 South State Street #S2300  
Salt Lake City, UT 84190-2250  
Office: (801) 468-2009  
Fax: (801) 468-2006

### **Southwest**

Counties: Beaver, Garfield, Iron,  
Kane, and Washington

#### **Local Substance Abuse Authority:**

Southwest Center Authority Board  
474 West 200 North, Suite 300  
St. George, UT 84770

#### **Administrative Agency:**

Paul Thorpe, MSW, Director  
Southwest Center  
474 West 200 North, Suite 300  
St. George, UT 84770  
Office: (435) 634-5600  
Fax: (435) 673-7471





## Resources

### **Summit County**

Counties: Summit

#### **Local Substance Abuse Authority:**

Summit County Commission  
60 North Main  
P.O. Box 128  
Coalville, UT 84017

#### **Administrative Agency:**

David Dangerfield, DSW, Executive Director  
Robert Gorelik, Program Manager  
Valley Mental Health, Summit County  
1753 Sidewinder Drive  
Park City, UT 84060-7322  
Office: (435) 649-8347  
Fax: (435) 649-2157

### **Utah County**

Counties: Utah

#### **Local Substance Abuse Authority:**

Utah County Commission  
100 East Center Street, Suite 2300  
Provo, UT 84606

#### **Administrative Agency:**

Richard Nance, LCSW, Director  
Utah County Division of Substance Abuse  
100 East Center Street, #3300  
Provo, UT 84606  
Office: (801) 370-8427  
Fax: (801) 370-8498

### **Tooele County**

Counties: Tooele

#### **Local Substance Abuse Authority:**

Tooele County Board of Commissioners  
47 South Main Street  
Tooele, UT 84074

#### **Administrative Agency:**

David Dangerfield, DSW, Executive Director  
Terry Green, Program Manager  
Valley Mental Health, Tooele County  
100 South 1000 West  
Tooele, UT 84074  
Office: (435) 843-3520  
Fax: (435) 843-3555

### **Wasatch County**

Counties: Wasatch

#### **Local Substance Abuse Authority:**

Wasatch County Manager  
25 North Main Street  
Heber City, UT 84032

#### **Administrative Agency:**

Dennis Hansen, Director  
Heber Valley Counseling  
55 South 500 East  
Heber, UT 84032  
Office: (435) 654-3003  
Fax: (435) 654-0309



## Resources

### **Weber/Morgan**

Counties: Weber and Morgan

#### **Local Substance Abuse Authority:**

Weber Human Services Board

237 26th St.

Ogden, UT 84401

#### **Administrative Agency:**

Harold Morrill, MSW, Executive Director

Weber Human Services

237 26th St.

Ogden, UT 84401

Office: (801) 625-3700

Fax: (801) 625-3847

### **Statewide Local Authority Network**

Counties: All Counties

#### **Administrative Agency:**

Jack Tanner, Executive Director, CEO

Utah Behavioral Healthcare Network, Inc.

2735 East Parley's Way, Suite 205

Salt Lake City, UT 84109

Office: (801) 487-3943

Fax: (801) 487-3950

### **Web Addresses:**

State Division of Substance Abuse and Mental Health - [www.hsdas.utah.gov](http://www.hsdas.utah.gov)

Department of Human Services - [www.hs.utah.gov](http://www.hs.utah.gov)

CSAP's Western Center for the Application of Prevention Technologies (WestCAPT) - [www.westcapt.org](http://www.westcapt.org)

National Household Survey - <http://www.samhsa.gov/oas/nhsda.htm>

Arrestee Drug Abuse Monitoring (ADAM) - [www.adam-nij.net](http://www.adam-nij.net)

Substance Abuse and Mental Health Services Administration (SAMHSA) - [www.samhsa.gov](http://www.samhsa.gov)

Center for Substance Abuse Prevention (CSAP) - [www.samhsa.gov/centers/csap](http://www.samhsa.gov/centers/csap)

Center for Substance Abuse Treatment (CSAT) - [www.samhsa.gov/centers/csat2002/csat\\_frame.html](http://www.samhsa.gov/centers/csat2002/csat_frame.html)

U.S. Drug Enforcement Agency (DEA) - [www.usdoj.gov/dea](http://www.usdoj.gov/dea)

National Institute of Drug Abuse (NIDA) - [www.nida.nih.gov](http://www.nida.nih.gov)

American Society for Addictions Medicine (ASAM) - [www.asam.org](http://www.asam.org)

National Institute on Alcohol and Alcoholism (NIAAA) - [www.niaaa.nih.gov](http://www.niaaa.nih.gov)



# Utah Family Centers

The Utah Family Centers provide resources, training, support and referral services to families on a multitude of issues. The Utah Division of Substance Abuse and Mental Health provides substance abuse resources to these centers for their lending libraries. Please consider these centers as allies in our efforts to provide comprehensive services to our patients and other clients.

## **Statewide Utah Family Center**

5192 South Greenpine Dr., Salt Lake City UT 84123

phone: 801-266-6166  
toll free: 1-877-373-info  
fax: 801-293-0670  
e-mail: [familycenter@utah-inter.net](mailto:familycenter@utah-inter.net)  
website: [www.utahfamilycenter.org](http://www.utahfamilycenter.org)

## **Cache Valley Family Center**

50 South 400 East, Logan UT 84341

phone: 435-755-5171  
fax: 435-753-7394  
email: [thefamilycenter@bridgernet.com](mailto:thefamilycenter@bridgernet.com)

## **Davis Family Enrichment Center**

320 South 500 East, Kaysville UT 84037

phone: 801-402-7309 ext 116  
fax: 801-402-0651

## **Monument Valley Family Center**

P.O. Box 360008, Monument Valley UT 84536

phone: 435-727-3204  
fax: 435-678-1258

## **Salt Lake Family Center-Horizonte**

1234 South Main Street, Room 321, Salt Lake City UT 84101

phone: 801-578-8490

## **Utah County Family Center**

150 South 500 East, Provo UT 84606

phone: 801-367-8029  
fax: 801-374-4947  
email: [provoparent@hotmail.com](mailto:provoparent@hotmail.com)

## **Washington County Family Center**

189 West Tabernacle, St. George UT 84770

phone: 435-652-4725  
fax: 435-674-1421

Division of Substance Abuse  
and Mental Health  
120 North 200 West, Suite 201  
Salt Lake City, UT 84103  
(801) 538-3939  
[www.hsdsa.utah.gov](http://www.hsdsa.utah.gov)

